INJECTION REPORT

A. M. Mreka (Owner)

Date: 4.4.2015

Nature of Activity:

Category of Establishment:

Shop/Factory/Contract Labour/Interstate Migrant Beedi and Cigar/Building and Other Construction (S/G/SU/CS/CU/CM/IR)

Name of the Owner/Chairman/Managing Director, Office Address & Permanent address with Phone Nos.

Name of the Manager, Office Address & Permanent Address with Phone Nos.

Production commenced on: Dec 2014

No. of workers working at the time of inspection:


Whether Registration/Renewal obtained:

Whether minimum Wages paid:

Whether Contract Labour paid by Cheque or Account Payee:

Whether appointment letters/Employee Cards/Identity Cards issued:

Whether Attendance, Wages and other Registers Maintained:

Irregularities noticed:

Remarks:

Signature of the Inspector:

Signature of the others accompanying the Inspector:

Signature of the Employer:

Employer's Representative: