

BUILDING AND OTHER CONSTRUCTION WORKERS (R.E.&C.S.)

ACT, 1996

INSPECTION REPORT

SKM/S

Date & Time of Inspection 20/4/15 at 3-30 PM

Name & Designation of the Inspecting Officer: P. Vasanth Rao.

1.	Name of the Establishment Address with Phone No.s and location where building or other construction work is carried on	Construction of Residential Building 3-11-57, 58.
2.	Name of the Employer and his address	upstairs 1st floor
3.	Address of Local Office and Names, Designation and phones Nos. of the responsible persons	Mddi - Gopalakrishna S/o Mohana Rao.
4.	Name and permanent address of the Establishment (Owner as well as Contractor)	Karanam Street. Mandasa
5.	Nature of the building or other construction work 1. Construction of Building, 2. Factory, 3. Apartments, 4. Office Complex, 5. Hotel, 6. Other project (Pl. specify)	Construction - 29/2008 Dt 29/4/2009
6.	Date of Commencement of work	May - 2009
7.	[a] No. of workers working in the site at the time of Inspection (including those under the Contractor) [b] From other states (Name of the state)	Male _____ Female _____ Total _____
8.	Probable duration of building or other construction work and probable date of completion	May 2012
9.	Approximate total cost Construction (Enclose the list of works, if more than one work)	not given

10.	Approximate cost of construction in an year from the date of commencement of construction (Rs.in lacs)	
11.	Whether Notice of Commencement of building or other construction work given as per Section 46 of the Main Act. If so, on which date and the proof of sending	NO -
12.	Whether applied for Registration of the Establishment under Section 7 of the Act, if so, the details thereof.	Yes -
13.	Enclose details of Contractors, Nature of work awarded, period of work, Estimated cost of construction and App.No.of workers.	
14.	Whether submitted Form 1 of Cess Rules, if so, the details thereof.	NO -
15.	Whether advance cess paid as per Rule 4(3) or 4(4) if so the details thereof	NIL
16.	Whether Registration C.L. Act/ Under Contractor Obtained ISM.Act the Licence	Yes/No. Yes/No.
17.	Remarks	

5
SJM

Signature of the Employer or his Representative
 Date :
 Signature of the Inspecting Officer
 Asst. V. L. B. O. Officer
 JALGAON DISTRICT

Details of Workers:

Name	Designation	Working Since	Wage	Signature
[1]	[2]	[3]	[4]	[5]