

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

ACT, 1996

## INSPECTION REPORT

Date & Time of Inspection

20/11/15

Name & Designation of the Inspecting Officer:

P. Vijaya Kumar

SKM  
61

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. Padmanabhapuram (VIL) Palasa	
2.	Name of the Employer and his address	M. Venkata Rao, 8/o Saradhi	
3.	Address of Local Office and Names, Designation and phones Nos. of the responsible persons	- do -	
4.	Name and permanent address of the Establishment (Owner as well as Contractor)	- do -	
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 of Residential Building	
6.	Date of Commencement of work	NOV/2015	
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 57	Female 5 = Total 10
8.	Probable duration of building or other construction work and probable date of completion	2016	
9.	Approximate total cost Construction (Enclose the list of works, if more than one work)	$\frac{12,63,0500}{100} = 12,635$ 131 Sq. mtd.	

5/10/81

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	
12.	Whether applied for Registration of the Establishment under Section 7 of the Act, if so, the details thereof.	
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 I of Cess Rules, if so, the details thereof.	
15.	Whether advance cess paid as per Rule 4(3) or 4(4) if so the details thereof	
16.	Whether Registration C.L. Act/ Under Contractor Obtained the Licence	Yes/No. Yes/No.
17.	Remarks	

Signature of the Employer or his Representative \_\_\_\_\_  
Date : \_\_\_\_\_

Signature of the Inspecting Officer \_\_\_\_\_

Details of Workers:

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