

BUILDING AND OTHER CONSTRUCTION WORKERS (RESC.S.)

Date & Time of Inspection 15/02/2016 (2) 11:00 Am. Name & Designation of the Inspecting Officer :

11		Nijara Lumar I
1.	Name of the Establishment Adddress	Construction of Residentia
	with Phone No.s and location where building or other construction work	hildi-
1	is carried on	Sunneswara Nagar
2.	Name of the Employer and his	Kaliburas
	address	Voona Tixupatti Rao.
3.	address 94410111.88	% Sambhameethy.
0.	Address of Local Office and Names, Designation and phones Nos.of	Adher 78/2 207 (100)
	the responsible persons	Adhar. 7863, 807 6,6021
4.		
5.5	Name and permanent address of the Establishment (Owner as well as	
	Contractor)	- do -
5.	Notice	
J.	Nature of the building or other construction work	
	Construction of Building,	
	2. Factory,	Construction of
	3. Apartments,	Construction of Residential building.
	4. Office Complex,	Kesidential britaing.
	5.Hotel	
	6.Other project(Pl.specify)	
i.	Date of Commencement of work	Colorit
	[a] No.of workers working in the site	Februry/2016
	at the time of Inspection	Male Female Total
0	(including those under	6 4 10,
	the Contractor)	
	(b) From other states (Name of the state)	
	Probable duration of building or	
	other construction work and probable	9.17
	date of completion	2017.
	Approximate total cost Construction	
-	(Enclose the list of works, if	. 1 G1+1
and the state of t	more than one work)	163.79×2
.		327.58 Ca mte. 3524.76 8+1
		163.79×2 327.58 59 mts. 3524.76 8ft 2467 332
Wit A Disease		. , , , , , , , , , , , , , , , , , , ,

	10. Appropri	
	Approximate cost of	have in the
		Sweet Survey State of the State
1	(FIG.#1 IACS)	
	11. Whether Notice of Commencement of building or other	MS
		SF
- [of building or other construction work given as per Section 46 of the	0
- 1	Main Act. If so, on which date and	1
1	the proof of sending	
12		
1'	whether applied to a	1
1		ļ
1	of the Act, if so, the deatils thereof.	
13.	England Telephone Telephon	
1	Enclose details of Contractors,	1
1.	Nature of work awarded, period of	
-	Morkers.	3
14.	Whether submitted Form I of Cess	
	Fiules, if so, the details thereof.	1
15.	Whether activenes	
1 1	7 7 7 1 1 60 1	
	The second secon	
16.	Whether Registration C.L. Act/ Yes/No.	,
	Under C.L. Act/ Yes/No.	1
	Contractor	
	the Licence ISM.Act Yes/No.	
h		
1:1'	Remarks	i
1 1		
	ICN	1
Signature	pho	
Date:	the Employer or his Representative	
		.
Details of	Workers: The Inspecting Officer	1.
1	Name	.
-	Descional	

[1]	Designation	Working	-	
11)	[2]	Working Since	Wage	Civina
		[3]	[4]	Signature [5]
	1			The second secon
	1		THE PERSON NAMED AS ADDRESS OF THE PERSON NAMED IN COLUMN NAME	
	The state of the s		ACTION ACTION ACTIONS	The second secon
× 25				Section of the sectio