

VSP
115

INSPECTION REPORT

Date 4/4/15 Time: 1-40 PM

1. Name and Designation of the Authorised Officer : _____, Asst. Labour Officer *CBM*
2. Name and address of the shop/ Establishment : *Shri Vinayaka Cell Point*
- K Kompadu,

3. Name of the Employer : *Shri B. Praveen, Asst. Mgr*
Shri Venkatesh,
4. R.C. Number : _____
5. Nature of business : *Cells Salar & Serv.*
6. Number of Employees : *1* *Shri K Suryanarayana* *44-25*
Shri Ravalaraju
Shri...

(i) A.P. SHOPS AND ESTABLISHMENTS ACT, 1988 :

- 1. Whether Form-II (RC) displayed or not : _____
- 2. Whether Registration Certificate renewed or not : *} not applied*
- 3. Labour Welfare Fund paid or not for the year : *do*
- 4. Employment Register in Form-XXII : _____
- 5. Leave Register in Form-XXV : *} not provided*
- 6. Ack. of Appointment letter in Form XXVI : _____
- 7. Visit Book : _____
- 8. Weekly Holidays List in Form- XX IV : _____
- 9. Whether name board of the shop /Estt. displayed in Telugu or Not : _____

(ii) MINIMUM WAGES ACT

- 1. Wage register in Form - X : *not provided*
- 2. Ack. Of Pay slips in Form-XI : _____
- 3. Abstract of Minimum Wages Act and Rules in Form XII : *opened 3 months ago.*
- 4. Attendance Register in Form-V : *No copies of register*

B. Praveen

Signature of the Employer / Representative : _____
Signature : _____
4/4/15
Asst. Mgr