

INSPECTION REPORT

Use 15
124

Date: 18/4/15 Time: 12-55 PM

1. Name and Designation of the
Authorized Officer
2. Name and Address of the shop/establishment

: Vekhandam, Asst. Labour Officer CSN

SRI DIVAKAR MEDICAL &
GENERAL STORES
Main Road, GOVADA.

3. Name of the Employer

Smt K. Anantha Lakshmi, Apr 3/15
No Dwaraka,

4. I.C. No.
5. Nature of Offence
6. Number of Employees

Medium
1

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

- 1. Whether Form-II (RC) displayed or not :
- 2. Whether Registration Certificate renewed or not :
- 3. Labour Welfare Fund paid or not for the year :
- 4. Employer's Register in Form-XXII :
- 5. Leave Register in Form-XXV :
- 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 :

yes
not applied
yes
maintained
,
,
,
yes.

(ii) MINIMUM WAGES ACT

- 1. Wage register in Form - X :
- 2. Ack. Of Pay slips in Form-XI :
- 3. Abstract of Minimum Wages Act and Rules in Form XII :
- 4. Attendance Register in Form-V :

present
opened 4 years ago.

K. A. S. Saha Karmati
Signature of the Employer / Representative

Signature of the Inspector
S. S. Saha