

INSPECTION REPORT

20

i. Date and Time : 22/11/15 11:25 Am.

ii. Name and address of the Establishment

SREE RAMESWARI
Digital Communicatio
28-2-5, Opp. Jagadamba Theatre
VISAKHAPATNAM-2

iii. Name of the Employer : Motamarri. Sujatha (G)
S/o M. Kameswara Rao.

iv. R.C. Number

v. Nature of business

cell Accessories sale.
-2-

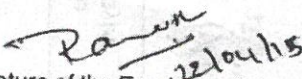
vi. No. of Employees

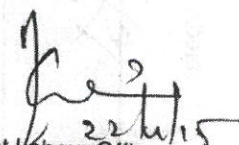
A.P. SHOPS & ESTABLISHMENTS ACT. :

- i. Whether Form-I (RC) displayed or not? : R.C Not Displayed.
- ii. Whether Registration Certificate Renewed or not? : R.C. Not renewed for 2015
- iii. Labour Welfare Fund paid for the year : wt not paid for 2014.
- iv. Employment Register in Form-XXII
- v. Leave Register in Form-XXV
- vi. Ack. of Appointment letter in Form-XXVI
- vii. Weekly Holidays list in Form-XXIV
- viii. Visit Book
- ix. Whether name board of the Estt. is displayed in Telugu or Not. : Not produced on dnd.
- x. Whether name board of the Estt. is displayed in Telugu : Displayed in Telugu

MINIMUM WAGES ACT :

- i. Wage Register in Form-X
 - ii. Ack. of wage slips in Form-XI
 - iii. Abstract of Minimum Wages and Rules in Form - XII
 - iv. Muster Roll in Form-V
- Not produced on dnd


Signature of the Employee / Manager
(M. Ramesh, S/o Employer)


Assistant Labour Officer
22/11/15
ALO-II, VSP.

NAME OF THE ESTABLISHMENT :

NAME OF THE EMPLOYER :

STATEMENT OF THE EMPLOYEES :

Date :

Sl. No.	Name of the employee, age Father name, address	Designation	Length of Service	Salary Per Month Rs.	Working Hours	Weekly Holiday	Appointment Letter Issued / Not	Signature of the Employee
1.	Chuchukonda. Siva (14)	Technician	monthly	5,000/- pm	10:30 AM - 9:00pm			X. J. Sai 22/04/15
2.	Slach. Nageswara Rao, Dabagandur Seerupu. Vanalakshmi (19)		2 days		10:30 AM. - 9:00pm.			X. S. Varan Lakshmi
	Dlos. Satya Narayana, Kanchanapalle	B. Usm Company (1st year completed) Aditya college Rama Talkiey						

X. Sai
Signature of the Employer / Representative

X. S. Varan Lakshmi
Signature of the Inspector