

INSPECTION CHECKLIST

APPLICANT/FIRM NAME	<input style="width: 100%;" type="text"/>
FULL ADDRESS OF APPLICANT/FIRM	<input style="width: 100%; height: 40px;" type="text"/>
WHETHER THE APPLICANT SUBMITTED DULY FILLED FORM-LR-1	<input type="radio"/> Yes <input type="radio"/> No
WHETHER THE JURISDICTIONAL ACLM INSPECTED THE PLACE AND CERTIFIED THE INFORMATION PROVIDED BY THE APPLICANT IN FORM LR-1	<input type="radio"/> Yes <input type="radio"/> No
WHETHER THE BUILDING OF THE APPLICANT OWN OR RENTED? WHETHER THE APPLICANT SUBMITTED RELEVANT DOCUMENTS.	<input type="radio"/> Yes <input type="radio"/> No
IF THE BUILDING IS RENTED WHETHER THE APPLICANT HAS TAKEN NOC FROM THE BUILDING OWNER.	<input type="radio"/> Yes <input type="radio"/> No
WHETHER THE JURISDICTIONAL ACLM ATTESTED AND SUBMITTED THE APPLICANTS PHOTOS.	<input type="radio"/> Yes <input type="radio"/> No
WHETHER THE JURISDICTIONAL ACLM ATTESTED SPECIMEN SIGNATURES OF THE APPLICANT.	<input type="radio"/> Yes <input type="radio"/> No
WHETHER THE APPLICANT REMMITTED THE LICENSE FEES AND ENCLOSED THE ORIGINAL MONEY RECEIPT WITH THE APPLICATION.	<input type="radio"/> Yes <input type="radio"/> No
If the Applicant is Registered Company,	
WHETHER THE MEMORANDUM OF ARTICLE SUBMITTED	<input type="radio"/> Yes <input type="radio"/> No
WHETHER THE LIST OF DIRECTORS ENCLOSED.	<input type="radio"/> Yes <input type="radio"/> No
IF THE COMPANY IS WORKING IN PARTNERSHIP, WHETHER THE COMPANY HAS SUBMITTED PARTNERSHIP DEED.	<input type="radio"/> Yes <input type="radio"/> No
IF THE COMPANY IS WORKING IN PARTNERSHIP, WHETHER THE COMPANY HAS SUBMITTED PARTNERSHIP DEED.	<input type="radio"/> Yes <input type="radio"/> No
TYPE OF INSTRUMENTS APPLICANT WISHED TO REPAIR.	<input style="width: 100%;" type="text"/>
WHETHER THE APPLICANT SUBMITTED ORIGINAL SKILLED WORKER	<input type="radio"/> Yes <input type="radio"/> No

CERTIFICATE.	
WHETHER THE APPLICANT PASSED PRACTICAL TEST.	<input type="radio"/> Yes <input type="radio"/> No
WHETHER THE APPLICANT SUBMITTED TESTING EQUIPMENTS LIST, LOAN ARTICLES LIST AND RELATED VERIFICATION CERTIFICATES.	<input type="radio"/> Yes <input type="radio"/> No
WHETHER THE APPLICANT SUBMITTED	<input type="radio"/> Yes <input type="radio"/> No
LIST OF REPAIRING TOOLS. RECCOMONDATIONS OF THE ACLM	