## Form No. 15

## (Prescribed under rule 88)

## Register of adult workers

S. No.	Name	Date of	Sex	Residential address	Father's/ Husband'	Date of	Group of which worker belongs		Num ber	Adolescent if certified as adults		Rem- arks
		Birth			s name	appoin tment	Alphabet assigned	Natu re of work	of relay if work ing in shift s	Number & date of certificate of fitness	Numb er under section 68	
1	2	3	4	5	6	7	8	9	10	11	12	13