Form No. 15

(Prescribed under rule 88)

Register of adult workers

S. No.	Name	Date of Birth	Sex	Residential address	Father's/ Husband's name	Date of appointment	Group of which worker belongs		Number of relay if working in shifts	Adolescent if certified as adults		Remarks
							Alphabet assigned	Nature of work		Number & date of certificate of fitness	Number under section 68	
1	2	3	4	5	6	7	8	9	10	11	12	13