FORM NO. 17

(Prescribe under Rule 93)

Register of Child Workers

Sr. No.	Name	Sex	Residential address.	Father's name	Date of first employment	Number & date of certificate of fitness	Token number under Section 68	Alphabet assigned to Group to which worker belongs	Number of relay, if working in shifts	Remarks
1	2	3	4	5	6	7	8	9	10	11