

**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		Rem- arks
							Alphabet assigned	Nature of work		Number & date of certificate of fitness	Token Number under section 68	
1	2	3	4	5	6	7	8	9	10	11	12	13