Date on which this notice is first exhibited:	Signature of manager:
	Date:

FORM 17

Prescribed under rule 128

REGISTER OF ADULT WORKERS

					N	EGISTER	OF ADULT W	OKK	LIND		
Sl. No	Name	Residenti al	Father	Nature Of	Letter of	Number of relay adolescent Number and date of certificate if an				Remarks	
		Address	Name	Work	group	if	Number	of	Token	number	
					as in	working	certificate		giving		
					Form 16	in shifts	And date		Referenc certificat		
1	2	3	4	5	6	7	8			9	10

FORM 18

Prescribed under rule 133

NOTICE OF PERIODS OF WORK FOR CHILD WORKERS

Name of factory Place District.