

FORM No. 20

(See rule 117)

Register of adult workers

Sr. No.	Name	Date of birth	Sex	Residential address	Father's husband's name	Date of appointment	Group to which worker belongs		Number of relay, if working in shifts	Adolescent if certified as adult		Remarks
							Alphabet assigned	Nature of work		No. and date of certificate of fitness	Token No. under section 68	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.