

Form 17

(Prescribed under Rule 101)

Register of Child Workers

Name of Factory..... Place..... District.....

Serial No.	Name	Father's name	Date of first employment	No. of certificate and its date				
(1)	(2)	(3)	(4)	(5)				
T. No. giving reference to certificate	Nature of work	The Group if any, in which he is included	Where his group works on shifts, the relay to which he is allotted	The number in his certificate of fitness granted under Section 69.	Periods of work			
(6)	(7)	(8)	(9)	(10)	(11)			
Days and dates of attendance								
Sun . 1st	Mon. 2nd	Tue. 3rd	Wed. 4th	Thurs. 5th	Fri. 6th	Sat. 7th	Total weekly hours	Remarks
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)