FORM No. 12

[Prescribed under Rule 107]

REGISTER OF ADULT WORKERS

Sl. No.	Name	Fathers/ Mother's Name	Residential address of the worker	Nature of work	Letter of group as in form	Number of relays if working in shifts	No. and date of certificate if an adolescent		Remarks
							No. of certificate and date	Token number giving reference to the certificate	
1	2	3	4	5	6	7	8	9	10