Form No. 15

(Prescribed under rule 88)

Register of adult workers

S.	Name	Date	Sex	Residential	Father's/	Date		Group of which N		Adolescent if		Rem-
No.		of		address	Husband'	of			ber	certified as adults		arks
		Birth			s name	appoin	Alphabet	Natu	of	Number &	Numb	
						tment	assigned	re of	relay	date of	er	
								work	if	certificate	under	
									work	of fitness	section	
									ing		68	
									in			
									shift			
									S			
1	2	3	4	5	6	7	8	9	10	11	12	13