FORM - 17 Prescribed under Rule 105

REGISTER OF ADULT WORKERS

SI. No.	Name	Residentia 1 Address	Father's Name	Natur e Of Work	Lette r of grou p as in Form 16	Numbe r of relay if workin g in shifts	Number and date of certificate if an adolescent		Remark s
							Number of certificate And date	Token number giving Reference to the certificate	
1	2	3	4	5	6	7	8	9	10