FORM - 17
Prescribed under Rule 105

REGISTER OF ADULT WORKERS

Sl. No.	Name	Residential Address	Father's Name	Nature Of Work	Letter of group as in Form 16	Number of relay if working in shifts	Number and date of certificate if an adolescent		Remarks
							Number of certificate And date	Token number giving Reference to the certificate	
1	2	3	4	5	6	7	8	9	10