FORM No. 20 (See rule 117) Register of adult workers

Sr. No.	Name	Date of birth	Sex	Residential address	Father's/ husband's name	Date of appointment	Group to which worker belongs		Number of relay, if work- ing in shifts	Adolescent, if certified as adult		Remarks
							Alphabet assigned	Nature of work		No. and date of certificate of fitness	Token No. under	
1	2	3	4	5	6	7	8	9	10	11	12	13