FORM -12
Prescribed under Rule 107

Register of adult workers

Sl. 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 working in shifts	Adolescent if certified as adult		Remarks
							Alphabet Assigned	Nature of work		Number & date of certificate of fitness	Number under section 68	
1	2	3	4	5	6	7	8	9	10	11	12	13