FORM 22 (Prescribed under Rule 141)

REGISTER OF ADULT WORKERS

Serial	Na	Resident	Father	Natu	Letter	Numb	Number and date		Remar
Numb	me	ial	's	re of	of	er of	of certificate if an		ks
er		address	Name	work	group	relay	adolescent		
					as in	if	Number	Token	
					Form_	worki	of	Numbe	
					21	ng in	Certific	r	
						shifts	ate and	giving	
							date	referen	
								ce	
1	2	3	4	5	6	7	8	9	10

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• • • • • • • • • • • • • • • • • • • •
(Signature of
Manager)