## FORM- XV.

[See rule 240]

## Register of Building Workers Employed by the employer.

| Name & Address of establishment    |            |               |          |          | Name and permanent       |             |    |               |       |
|------------------------------------|------------|---------------|----------|----------|--------------------------|-------------|----|---------------|-------|
| where building and other           |            |               |          |          | address of establishment |             |    |               |       |
| construction work is to be carried |            |               |          |          |                          |             |    |               |       |
| on                                 |            |               |          |          |                          |             |    |               |       |
|                                    |            |               |          |          |                          |             |    |               |       |
| Nature and location of work:       |            |               |          |          |                          |             |    |               |       |
|                                    |            |               |          |          |                          |             |    |               |       |
|                                    |            |               |          |          |                          |             |    |               |       |
|                                    |            |               |          |          |                          |             |    |               |       |
| S.No                               | Name and   | Age           | Fat      | her's    | Nature of                |             | Pe | rmanent       | home  |
|                                    | surname of | and           | /Hu      | sband's  | Employment/              |             | ad | dress         | of    |
|                                    | workman    | sex           | nan      | ne       | Designa                  | Designation |    | workman       |       |
|                                    |            |               |          |          |                          |             | (V | illage        | Taluk |
|                                    |            |               |          |          |                          |             |    | and District) |       |
| 1.                                 | 2.         | 3.            | 4        | ·.       | 5.                       |             | 6. |               |       |
|                                    |            |               | <u>l</u> |          |                          |             |    |               |       |
|                                    |            |               |          |          |                          |             |    |               |       |
|                                    |            |               |          |          |                          |             |    |               |       |
|                                    |            |               |          |          |                          |             |    |               |       |
|                                    |            |               |          |          |                          |             |    |               |       |
| Local D                            |            | <u> </u>      | of       | Signatur | e or                     | Date        | of | Reasons       | for   |
| Addre                              |            | commencement  |          | thumb    |                          | termination |    | terminati     | on    |
|                                    |            | of employment |          |          |                          |             |    |               |       |
|                                    |            |               |          | workmen  |                          | J = Trayer  |    |               |       |
| 7.                                 |            | 8.            |          | 9.       | -                        | 10.         |    | 11.           |       |
|                                    |            |               |          |          |                          |             |    |               |       |

| If the building worker is/was beneficiary, the date of registration as a beneficiary, | Remarks |
|---|---------|
| the registration No. and the name of Welfare Board                                    |         |
| 12.   | 13.     |
|   |         |
|   |         |