

# Screening of Workmen

Name of the Contractor – **RUSHIKA ENTERPRISES**

Sub - Contractor: \_\_\_\_\_

Full Name of the workmen: \_\_\_\_\_

Father / Husband's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Present Address: \_\_\_\_\_

Date of birth (if available) \_\_\_\_\_ Age \_\_\_\_\_

Married / Single / Widow / Widower \_\_\_\_\_ Number of Children \_\_\_\_\_

Mother Tongue \_\_\_\_\_ Other Languages Known \_\_\_\_\_

In case of emergency person to be contacted \_\_\_\_\_

(With address and Telephone Number if any)

Signature or left Hand Thumb impression

of the workmen for identification

Any other identification mark:

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Vision \_\_\_\_\_

Education:

Licenses	Issued by	Validity

## Previous Work Experience

SL. NO.	Name of the Contractor/Organization	Project Site	Category	Period
1.				
2.				

Worker briefed about the Safety Rules of the Site & Site induction given

ID card issued and details entered into Register of workmen.

Signature of Safety Officer

ID CARD NUMBER -