

FORM 28

PRESCRIBED UNDER SCHEDULE XXII TO RULE 94

Certificate of Fitness

Serial Number:

I certify that I have personally examined (name)
son of (father's name)
residing at (address)
who is desirous of being employed as (designation) in
(process, department and factory).....
and that his age, as nearly as can be ascertained from any examination, is
years, and that he is, in my opinion , fit/ unfit for employment in the above mentioned factory as
mentioned above,
2. He may be produced for further examination after a period of
3. The serial number of the previous certificate is

Signature of left hand thumb
impression of person
examined

Signature of Certifying
Surgeon
Date:

Table with 4 columns labeled (1), (2), (3), and (4)

I certify that I I extend this Signs and symptoms Signature of the
examined the persons certificate until observed during Certifying Surgeon
mentioned above on (If Certificate is not examination
extended, the period
for which the worker
is considered unfit for
work is to be
mentioned)