

FORM NO. 5
[PRESCRIBED UNDER RULE 14]
Certificate of Fitness

1. Serial No. Serial No.

Date Date

2. Name

3. Fathers Name

4. Sex

5. Residence

I hereby certify that I have personally examined (name)

6. Date of birth, if available and/or certified age

Son /daughter of residing at..... who is desirous of being employed in a factory, and that his/her age , as nearly of being employed in a factory, and that his/her age, as nearly as can be ascertained from my examination, is years, and that he/she is fit for employment in factory as an adult/ child.

7. Physical Fitness

8. Descriptive marks

9. Reason for -

(1) Refusal of certificate

His / Her descriptive marks are

Or

(2) Certificate being revoked

Thumb Impression

Initial of Certifying Surgeon

Thumb Impression

Certifying Surgeon

Note: - Exact Details of cause of physical disability should be clearly stated.