

**Form 29**

**PRESCRIBED UNDER SCHEDULE XVII TO RULE 94.**

## *Certificate of Fitness for Dangerous Operations*

1.	Serial number:	Serial number:
2.	Name of the person examined	I certify that I have personally examined
3.	Father's name	(name).....
4.	Sex .....	Son of (father's name)
5.	Address	.....
6.	Name of the factory in which employed / in which wishes to be employed.	..... Residing at (address)
7.	Process of department in which employed /wishes to be employed	.....
8.	Whether certificate granted	....
9.	Whether declared unfit and certificate refused.	..... ..... Who is desirous of being employed as ..... in (name of factory) ..... in (department and process)..... and that as nearly as can be ascertained from my examination, is fit /unfit for employment at the above noted factory.
10.	Reference number of previous certificate granted or refused.	2. He is fit to be employed and may be employed on some other non-hazardous operation such as .....
	Signature or left hand thumb impression of the examined.	3. He may be produced for further examination after period of ..... 4. He is advised following further examination .....
	Signature of the certifying Surgeon.	5. He is advised following treatment.....
		6. The Serial number of the previous certificate is.
		Signature or left hand thumb impression of the person examined
		Signature of the person examined
		Signature of the Certifying Surgeon

Notes –

1. The Counterfoil should be retained by the Certifying Surgeon and maintained in a bound book or in a file.
2. The paragraph which does not apply may be cancelled.