

(Prescribed under Schedule XXI of Rule 122)

CERTIFICATE OF FITNESS

Serial No.

I Certify that I have personally examined.....(name) son of residing at.....(address) who is desirous of being employed as.....(designation) is.....(process, department and factory) and that his age, as nearly as can be ascertained from my examination, isyears, 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 /Left thumb impression
Of the person examined.

Signature of the
Certifying Surgeon

Date.

I Certify that I examined the person mentioned above on	I extent this certificates until (if certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned.,	Signature and Symptoms Observed During examination	Signature of the Certifying Surgeon