

**Form No. 30**  
[Prescribed under Rule 100]  
Special Certificate of Fitness

Serial No.....  
Date.....

I hereby certify that I have personally examined.....son of.....residing at.....who is desirous of being employed as.....in the.....and that his age, as nearly as can be ascertained from any examination, is.....years, and that he is, in my opinion, fit for employment in.....

His descriptive marks are.....

Signature or left thumb

Impression of person employed.

Signature of Certifying Surgeon

I certify I examined the person mentioned above on	I extend this until	Signature of Certifying Surgeon	Note of symptoms

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**Deleted vide notification No. F2(1)legal/F&B/2015/1051 dated 10.10.2016**