

**Form No. 31**

[Prescribed under clause (10) of Schedule XI annexed to Rule 100]

**Certificate of Fitness**

1.Serial No.....	Serial No.....
2.Date.....	Date .....
3.Name.....	I Certify that I have personally examined (name).....
4.Father's name.....	Son/daughter of .....
5.Sex.....	.....
6.Residence.....	.....
7.Date of birth, if available and/or certified age.	Residing at..... who is desirous of being employed in a factory engaged in the manufacturing of
8.Descriptive marks .....	ceramics or pottery
9.Reason for: (i) Refusal certificate. (ii) Certificate being revoked.	On the basis of these examinations I hereby certify that he/she is fit to be employed /continue working in the above factory. His/Her descriptive marks are: .....
Thumb impression	Thumb impression
<i>Initials of certifying Surgeon</i>	<i>Certifying Surgeon.</i>