

Form No. 5
 [Prescribed under rule 14]
Certificate of Fitness

1. Serial No Date	Serial No Date
2. Name	I certify that I have personally examined (name)
3. Father's Name	
4. Sex	son/daughter of
5. Residence	
6. Date of birth, if available/and certified age	
7. Physical fitness	Residing at.....
8. Descriptive marks. who is desirous of being employed in a factory, and that his/her age as nearly as can be ascertained from my examination date of birth is.....years, and that he/she is fit for employment in factory, as an adult/child.
9. Reason for - (1) Refusal of certificate (2) certificate being revoked	His/Her descriptive marks are-
Thumb impression	Thumb impression
Certifying Surgeon	Certifying Surgeon

Note.— Exact details of cause of physical disability should be clearly stated