

FORM NO. 5

ENDORSEMENTS

[Prescribed Under Rule 14]

Certificates of Fitness

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<ol style="list-style-type: none">1. Name & Address of the Factory2. Serial No.3. Name4. Father's Name5. Sex6. Residence7. Date of Birth / or certified age8. Physical Fitness9. Descriptive marks10. If already employed, Nature of work11. Raw materials or by products handled	
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<p>12. Date of employment on present Work</p> <p>13. Result of last Medical Examination, if any:</p> <p>14. Result of present Medical Examination/ Symptoms and signs observed.</p> <p>15. If suspended from work, state period of with detailed reasons.</p> <p>16. If recertified, fit to resume duty on</p> <p>17. If certificate of unfitness or suspension issued to worker.</p> <p>18. Date of leaving or transfer with reasons for discharge or transfer.</p> <p>19. Certificate extended upto</p> <p>20. He is advised following further examination/treatment</p>	
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21. I hereby certify that i have personally examined.....S/D/W of
.....residing at
.....who is desirous of being employed in a factory
and that his/her age as nearly as can be ascertained from any my examination, is.....
.....years and he/she is fit for employment in factory

as on adult/child in Mfg/handing process viz.....
His/Her descriptive marks.....

**Signature of
Certifying Surgeon.**

Signature/Thumb Impression of worker.

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22. Reasons for

1. Refusal of certificate
2. Certificate being revoked.

Place :
Date :

Signature of Certifying Surgeon