

Form 10

[See rule 25(2)]

CERTIFICATE OF FITNESS

1 (a) Serial no	Serial No
(b) date	Date
2. Name of the Person examined	I Certify that I have personally examined Sri/Smt
3. Father's Name	Son/daughter of
4. Sex	residing at
5. Residence
6. Date of Birth
7. Physical fitness	who is desirous of being employed in a factory, and that his /her age, as nearly as can be ascertained from my examination is yrs, and that he/she is fit for employment in factory as an adult/child.
8. Descriptive marks
9. Reason for	His/Her descriptive marks are
a) refusal of Certificate
b) Certificate being
Signature or left hand thumb impression of the person examined
Initials of Certifying Surgeon	Signature or left hand thumb impression of the person examined
	Signature of Certifying surgeon