

FORM - 5

Prescribed under Rule 19(2)

CERTIFICATE OF FITNESS

- 1. (a) Serial Number : Serial Number :
(b) Date : Date :
- 2. Name of person : I certify that I have
examined : personality examined (name)
- 3. Father's Name : son/daughter of
- 4. Sex :
- 5. Residence : residing at
.....
- 6. Date of birth, if available : who is desirous of being employed in a factory, and
and/or certified age : that his/her age, as nearly as can be ascertained from
or certified age : my examination, is years, and
- 7. Physical fitness : that he/she is fit for employment in factory as an adult/child
- 8. descriptive marks : His /her descriptive marks are

9. Reason for

- (a) refusal of certificate
or.....
- (b) certificate being.... :
.....

Signature or left hand :
Thumb impression of the
person examined

Signature or left hand thumb
impression of the person examined :

Initials of Certifying Surgeon :

Signature of Certifying Surgeon :

Note :

In case of physical disability, the exact details of the cause of the physical disability should be clearly stated.
