

**FORM NO. 29**  
**PRESCRIBED UNDER SCHEDULE XVII TO RULE 94.**  
***Certificate of Fitness for Dangerous Operations***

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| 1. Serial number :   | Serial number :   |
| 2. Name of the person examined.  | I certify that I have personally examined (name) .....  |
| 3. Father's name   | son of (father's name) .....<br>.....   |
| 4. Sex. ....   | residing at (address).....  |
| 5. Address.....  | .....   |
| 6. Name of the factory in which employed/in which wishes to be employed. | who is desirous of being employed as.....in (name of factory).....  |
| 7. Process of department in which employed/wishes to be employed.        | in (department and process).....  |
| 8. Whether certificate granted.  | and that as nearly as can be ascertained from my examination, is fit/unfit for employment at the above noted factory. |
| 9. Whether declared unfit and certificate refused.                       | 2. He is fit to be employed and may be employed on some other non-hazardous operation such as.....                    |
| 10. Reference number of previous certificate granted or refused.         | 3. He may be produced for further examination after period of.....  |
| Signature or left hand thumb impression of person examined.              | 4. He is advised following further examination.....<br>.....  |
| Signature of Certifying Surgeon  | 5. He is advised following treatment.....   |