

FORM NO. 28
PRESCRIBED UNDER SCHEDULE XXII TO RULE 94.
Certificate of Fitness

Serial number. 1

I certify that I have personally examined (name)
.....
.....
son of (father's name)
residing at (address).....
who is desirous of being employed as (designation)
.....in (process,
department and factory).....
.....
and that his age, as nearly as can be ascertained from my examination, is.....
.....years, and that he is, in my opinion, fit/ unfit for employment in the
above mentioned factory as mentioned above,

2. He may be produced for further examination after a period of.....

3. The serial number of the previous certificate is

Signature of left hand
thumb impression of
person examined

Signature of Certifying
Surgeon.
Date :

(1)	(2)	(3)	(4)
I certify that I examined the persons mentioned above on	I extend this certificate until (If Certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned)	Signs and symptoms observed during examination	Signature of the certifying Surgeon