FORM No. 4

(See rule 16)

CERTIFICATE OF FITNESS

	B-FELTZ
1. Serial No Token No	Serial No Token No
Date	Date
	I certify that I have personally examined
. Name	(name)
8. Father's name.	
s. Father's name.	
4. Sex	
	residing at
5. Residence	who is desirous of being employed in a
	factory, and that his/her age, as nearly
	as can be ascertained from my examina-
6. Certified age and date of birth, if avail-	
a ble	is fit for employment in a factory as an
7. Physical fitness	adult/child.
8. Descriptive marks	His/Her descriptive marks are
22	
Thumb impression.	Thumb impression.
· .	
<i>5</i>	
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Initials of Certifying Surgeons.	Certifying Surgeon.

Note.—Exact details of cause of physical disability should be clearly stated.