

The Tamil Nadu Factories Rules

FORM 5

(Prescribed under Rule 14)

Certificate of fitness

1. Serial No._____	Serial No._____
2. Date_____	Date_____
3. Name _____ Father's name_____	I hereby certify that I have personally examined (name)_____
4. Sex_____	son/daughter of_____
5. Residence_____	residing_____
6. Date of birth, if available and/or certified age_	Who is desirous of being employed in a factory, And that his/her age, as nearly as can be ascert-
7. Physical fitness_____	Ained from my examination, is_____
8. Descriptive marks_____	Years, and that he/she is fit for employment in
9. Reason for:--	Factory as an adult/child.
(1) Refusal of certificate_____	

or	His/her descriptive marks are_____
(2) Certificate being revoked_____	_____

Thumb-impression

Initials of
Certifying Surgeon

Thumb-impression

Certifying Surgeon

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