

FORM No.5
(Prescribed Under Rule 17)

Certificate of fitness

<p>1. Serial No. _____ Date _____</p> <p>2. Name _____</p> <p>3. Father's Name _____</p> <p>4. Sex _____</p> <p>5. Residence _____</p> <p>6. [Date of Birth if available and/or certified Age] _____</p> <p>7. Physical Fitness _____</p> <p>8. Descriptive marks _____ _____ _____</p> <p>9. Reason for _____ (i) refusal of Certificate _____ (ii) Certificate being revoked _____ _____ _____</p> <p style="text-align: center; margin-top: 20px;">Thumb Impression</p> <p style="text-align: center; margin-top: 20px;">Initials of Certifying Surgeon</p> <hr style="border: 1px solid black;"/>	<p>Serial No. _____ Date _____</p> <p>I certify that I have personally examined (name) _____ Son/daughter of _____ Residing _____ Who is desirous of being employed in a factory and whose date of birth as produced in the age certificate is _____ ascertained from my examination is _____ years and he/she is fit for employment in factory as an adult/child. His/Her descriptive marks are _____ _____</p> <p style="text-align: center; margin-top: 20px;">Thumb Impression</p> <p style="text-align: center; margin-top: 20px;">Certifying Surgeon</p> <hr style="border: 1px solid black;"/>
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