

FORM -26
Certificate of fitness for dangerous operations
(See schedule VI, XI and XVII to rule 105)

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| 1. Serial No. | Serial No. |
| 2. Name of person examined | I certify that I have personally examined son of _____ residing at _____ Who is desirous of being employed as _____ in ascertained from my examination, is fit / unfit for employment at the above noted factory. 2. He is fit to be employed and may be employed on some other non hazardous operation such as |
| 3. Father's Name | 3. He may be produced for further examination after a period a |
| 4. Sex | 4. He is advised following further examination: |
| 5. Address | 5. He is advised following treatment: |
| 6. Name of the factory in which certificate employed in which wished to be employed. | 6. The serial number of the previous and L.T.I. of person examined. |
| 7. Process of department in which employed / wishes to be employed. | |
| 8. Whether certificate granted | |
| 9. Whether declared unfit and certificate refused. | |
| 10. Reference number of previous certificate granted or refused | |

Signature of Certifying Surgeon

* L.T.I of person examined

Note: 1. The counterfoil should be retained by the certifying surgeon and maintained in a bound book or in a file. The para which does not apply may be cancelled.

Signature of Certifying Surgeon