

FORM – 16
Certificate of Fitness

Serial No.

Date:

I Hereby certify that I have personally examined _____ son of _____ residing at _____ who is desirous of being employed as _____ in the _____ and that his age, as nearly as can be ascertained from my examination, is _____ year and that he is, in my opinion fit for employment in _____

His Descriptive Marks are: _____

Signature or Left hand thump impression of person employee

Signature of Certifying Surgeon

I certify that I examined the person mentioned above	I extend this certificate until	Signature of Certifying surgeons	Notice of symptoms