

**FORM – 5**  
**(Prescribed under Rule 16)**  
**Certificate of fitness**

1. Serial No. \_\_\_\_\_ Serial No. \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

2. Name \_\_\_\_\_ I hereby certify that I have personally examined  
(Name)

3. Father's name \_\_\_\_\_

4. Sex \_\_\_\_\_

5. Residence \_\_\_\_\_ Son / Daughter of \_\_\_\_\_

6. Date of birth, if available and or Certified age, \_\_\_\_\_

7. Physical fitness \_\_\_\_\_

**8. Descriptive marks \_\_\_\_\_ residing at**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Reason or \_\_\_\_\_ who is desirous of being  
employed in a factory,  
(1) Refusal of Certificate and that his her age , as  
nearly \_\_\_\_\_ as can be  
ascertained,

\_\_\_\_\_  
From my examination, is \_\_\_\_\_  
or adult/child.

(2) Certificate being revoked \_\_\_\_\_  
Year , and that he/she is  
fit for employment in factory as

on His/Her descriptive marks  
are \_\_\_\_\_

Thumb impression  
Initials of

Thumb impression

CERTIFYING SURGEON

CERTIFYING SURGEON

