

FORM 24

(see rule-44 (1))

**CERTIFICATE OF FITNESS BY MEDICAL OFFICER
(CERTIFYING SURGEON)**

Serial number:

I certify that I have personally examined (name).....
..... son of (Father's name)
..... residing at (address)
..... who is desirous of being employed as
(designation).....in (process, department and
factory).....and that his age, as nearly as can be ascertained from my
examination, is years, and that he is, in my opinion, fit/unfit for employment in the above mentioned factory

As mentioned above.

2.He may be produced for further examination after a period of

3. The serial number of the previous certificate is.....

Signature or left
hand thumb
impression of person
examined. :

Signature of Certifying Surgeon:
on:

Date :

I certify that I examined the person mentioned Above on.	I extend this certificate Until (If certificate is not extended, the period for which the worker is considered un fit for work is to be mentioned).	Signs and symptoms observed during examination	Signature of the certifying surgeon.