

**FORM NO. 27-A**

(Prescribed under Rule 102)  
**CERTIFICATE OF FITNESS**

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 :

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 unfit for work is to be mentioned).	Signs and symptoms observed during examination.	Signature of the Certifying surgeon.