

FORM NO. 25

*Certificate of Fitness for Dangerous Operation
(Rule 96)*

1. Serial Number –
2. Name of person examined –
3. Father’s name –
4. Sex –
5. Address –
6. Name of the factory in which employed/in which wishes to be employed –
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 –

L.T.I of persons examined.

Signature of 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.....
(name of factory) in
 (Deptt. & Process), that as nearly as can be ascertained from by examination, he 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. He may be produced for further examination after a period of -
4. He is advised following further examination -
5. He is advised following treatment -
6. The serial number of the previous certificate is -

L.T.I of persons examined.

Signature of Certifying Surgeon.

- Note :-
1. The counterfoil should be retained by the Certifying Surgeon and maintained in a bound book or in a file.
 2. The Para which does not apply may be cancelled.