

FORM No.39  
( Rule 122)

**CERTIFICATE OF FITNESS FOR DANGEROUS OPERATIONS**

<p>1. Serial No. 2. Name of person examined 3. Father's name 4. Sex 5. Address 6. Name of the factory in which The employed/in which wishes To be employed 7. Process or department in 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 person examined .....  Signature of certifying Surgeon.</p>	<p>Serial No..... I Certify that I have personally examined.....(name) son of .....residing at..... (fathers name) (address)  Who is desirous of being employed as.....(Department and process) in.....(name of factory) .....and that as nearly as can be ascertained from my examination, is fit/unfit, for 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 No. of the previous certificate is.....  L.T.I of person 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</p>
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