

Form -IX
[See rule 193 (c)
CERTIFICATE OF MEDICAL EXAMINATION

1.Certificate serial No..... Date

2.Name.....

Identification Marks : (1)

(2)

3.Father,s Name

4.Sex

5.Residence
.....
.....

6. Date of Birth/ age

7. Physical Fitness

8. Reason for refusal/revocation of medical certificate
.....

I hereby certify that I have personally examined (name).....

Son/daughter /wife of who is desirous of being employed in building and

Construction work and that his/her age as nearly as can be ascertained from my examination is

Year and that he/she is fit /unfit for the employment inas an adult/adolescent.

Signature /Thumb

Signature
with seal of

Impression of building worker

Medical Inspector /CMO

- Note ;
1. Exact details of cause of physical disability should be clearly stated.
 2. Functional productive abilities should be stated disability is stated .