

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **1805**
2. Name of the person examined : **Yash Mehta**
3. Father's Name :
4. Sex : **Male**
5. Residence : **Ahmedabad Vastral Ahmedabad Gujarat India 382418**
6. Date of birth, if available : **17/10/1995**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0001**
2. Name of the person examined : **Heena N Pandya**
3. Father's Name :
4. Sex : **Female**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **01/01/1985**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0002**
2. Name of the person examined : **Jagruti L Gosai**
3. Father's Name :
4. Sex : **Female**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **02/02/1988**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0003**
2. Name of the person examined : **Chirag N Patel**
3. Father's Name : **Nareshbhai**
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **03/03/1979**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0006**
2. Name of the person examined : **Hiren D Bhatt**
3. Father's Name :
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **01/05/1986**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0007**
2. Name of the person examined : **Husen F Vora**
3. Father's Name :
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **07/06/1990**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0008**
2. Name of the person examined : **Vidushi K Joshi**
3. Father's Name :
4. Sex : **Female**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **01/11/1987**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0009**
2. Name of the person examined : **Piyush P Ramvani**
3. Father's Name :
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Alonj Bharuch Gujarat India 394115**
6. Date of birth, if available : **21/07/1988**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0010**
2. Name of the person examined : **Nirali V Barot**
3. Father's Name :
4. Sex : **Female**
5. Residence : **A/1 swati Society;Bapunagar Manek Chowk Ahmedabad Gujarat India 380001**
6. Date of birth, if available : **17/08/1989**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0011**
2. Name of the person examined : **Jigar P Panchal**
3. Father's Name :
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **01/02/1976**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0012**
2. Name of the person examined : **Bhavik S Ayer**
3. Father's Name :
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **21/09/1984**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0013**
2. Name of the person examined : **Nishidh Y Dave**
3. Father's Name :
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Bapunagar Ahmedabad Gujarat India 380024**
6. Date of birth, if available : **14/10/1983**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0015**
2. Name of the person examined : **Neha D Chanariya**
3. Father's Name :
4. Sex : **Female**
5. Residence : **A/1 swati Society;Bapunagar Amraiwadi Ahmedabad Gujarat India 380026**
6. Date of birth, if available : **04/12/1985**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
(a) Hazardous process :
(b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0016**
2. Name of the person examined : **Neha S. Parmar**
3. Father's Name :
4. Sex : **Female**
5. Residence : **A/1 swati Society;Bapunagar Aniali (K) Ahmedabad Gujarat India 382245**
6. Date of birth, if available : **01/01/1996**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0017**
2. Name of the person examined : **Ketan A. Patil**
3. Father's Name :
4. Sex : **Male**
5. Residence : **K-10, RTO Circle, Subhashbridgge Aniali Bhimji Ahmedabad Gujarat India 382460**
6. Date of birth, if available : **21/05/1996**
7. Name & address of the factory : **Demo**
401, Shivalik-II, Nr. Shivranjani Cross Road, Satellite, ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

- 1. Serial number in the register of adult workers : **Demo0018**
- 2. Name of the person examined : **Rahul J. Patel**
- 3. Father's Name :
- 4. Sex : **Male**
- 5. Residence : **Ranip. Andej Ahmedabad Gujarat India 382115**
- 6. Date of birth, if available : **14/07/1987**
- 7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
- 8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0019**

2. Name of the person examined : **Riddhi M Pandya**

3. Father's Name :

4. Sex : **Male**

5. Residence : **201, Ganesh Appartment, Vastral, AHmedabad Vastral Ahmedabad Gujarat India 382418**

6. Date of birth, if available : **14/10/1989**

7. Name & address of the factory : **Demo**

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190**

8. The worker is employed/proposed :

(a) Hazardous process :

(b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0020**
2. Name of the person examined : **Sandeep M Patel**
3. Father's Name :
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Kubernagar B A Ahmedabad Gujarat India 382340**
6. Date of birth, if available : **01/03/1985**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0021**
2. Name of the person examined : **Jalpan M Patel**
3. Father's Name :
4. Sex : **Male**
5. Residence : **A/1 swati Society;Bapunagar Kubernagar B A Ahmedabad Gujarat India 382340**
6. Date of birth, if available : **01/03/1985**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0022**
2. Name of the person examined : **Nilpan G Patel**
3. Father's Name :
4. Sex : **Female**
5. Residence : **A/1 swati Society;Bapunagar Kubernagar B A Ahmedabad Gujarat India 382340**
6. Date of birth, if available : **01/03/1985**
7. Name & address of the factory : **Demo**

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190**

8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0024**
2. Name of the person examined : **Neel R Rama**
3. Father's Name :
4. Sex : **Male**
5. Residence : **Ahmedabad Bodakdev Ahmedabad Gujarat India 380054**
6. Date of birth, if available : **20/07/1989**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

- 1. Serial number in the register of adult workers : **Demo0025**
- 2. Name of the person examined : **Vinay G Rana**
- 3. Father's Name :
- 4. Sex : **Male**
- 5. Residence : **Baroda Alkapuri Vadodara Gujarat India 390007**
- 6. Date of birth, if available : **23/03/1994**
- 7. Name & address of the factory : **Demo**

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190**

- 8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0026**
2. Name of the person examined : **Prachi P Parikh**
3. Father's Name :
4. Sex : **Female**
5. Residence : **Maninagar Maninagar Ahmedabad Gujarat India 380008**
6. Date of birth, if available : **23/01/1995**
7. Name & address of the factory : **Demo**

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190**

8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0027**
2. Name of the person examined : **Deep K Patel**
3. Father's Name :
4. Sex : **Male**
5. Residence : **Baroda Alkapuri Vadodara Gujarat India 390007**
6. Date of birth, if available : **18/03/1987**
7. Name & address of the factory : **Demo**

**401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190**

8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.

FORM NO. 33

(Prescribed under Rule 68-T and 102)

Certificate of Fitness of employment in hazardous process and operations.

(TO BE ISSUED BY FACTORY MEDICAL OFFICER)

1. Serial number in the register of adult workers : **Demo0029**
2. Name of the person examined : **Dileep Sabhajeet Yadav**
3. Father's Name :
4. Sex : **Male**
5. Residence : **Yogi Nagar, gondal Gondal College Chowk Rajkot Gujarat India 360311**
6. Date of birth, if available : **01/07/1993**
7. Name & address of the factory : **Demo**
401,Shivalik-II,Nr. Shivranjani Cross Road,Satellite,ahmedabad -
380015 India
Phone No.: 917940099190
8. The worker is employed/proposed :
 - (a) Hazardous process :
 - (b) Dangerous operation :

I certify that I have personally examined the above named person whose identification marks areand who is desirous of being employed in above mentioned process/operation and that his/her, age, as can be ascertained from my examination, isyears.

In my opinion he/she is fit for employment in the Said manufacturing process/operation.

In my opinion he/she is unfit for employment in the said manufacturing process/operation for th reasonHe/She is referred for further examination to the Certifying Surgeon.

The serial number of previous certificate is

Signature or left hand thumb
impression of the person examined :

Signature of the Factory Medical Officer :

Stamp of factory
Medical Officer with

Name of the Factory

I certify that I examined the person mentioned above on (date of examination)	I extend this certificate unfit (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 Factory medical Officer with date.

Notes :

1. If declared unfit, reference should be made immediately to the Certifying Surgeon.
2. Certifying Surgeon should communicate his findings to the occupier with 30 days of the receipt of this reference.