

FORM- XI.

[See rule 223(c)]

Certificate of Medical Examination

1. Certificate Serial No.....

Date.....

Date

2. Name

Identification marks: 1.

2.

3. Fathers name

4. Sex

5. Residence Son/ Daughter/ Wife of Shri

.....

6. Date of birth, if available

Certificate age

7. Physical fitness.....

.....

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

Son/ daughter/ Wife of..... residing at

..... 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 Years and that he/ she is fit for employment in as an adult/

adolescent.

8. Reason for

1. Refusal of certificate

.....

.....
.....

2. Certificate being revoked.-----

**Signature/ Left hand thumb
Impression of building worker**

**Signature with seal
Medical Inspector/ C.M.O.**

- Note:* -1. Exact details of cause of physical disability should be clearly stated.
2. Functional/ productive abilities should also be stated if disability is stated.