

FORM-XI {See rule 223 (c)}

The Contract Labour (Regulation & Abolition) Central Rules, 1971

Certificate of Medical Examination

1. Certificate Serial No.....
Date.....
 2. Name
Identification marks: (1)
(2)
 3. Parent's Name
 4. Sex.....
 5. Residence.....son/daughter of.....
 6. Date of birth, if available and/or certificate age.....
 7. Physical Fitness
- I hereby certify that I have personally examined (name) son/daughter of residing atwho is desirous of being employed in manual work and that his/her age as nearly as can be ascertained from my examination is 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 worker

Signature with Seal
Medical Inspector/CMO

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.