

THE PUNJAB EMPLOYEES SOCIAL SECURITY INSTITUTION
DIRECTORATE 26-MAIN GULBERG LAHORE.

No. _____

MEDICAL FITNESS CERTIFICATE

ONLY VALID FOR EMPLOYMENT UNDER SECTION 12 OF FACTORY ACT.

NAME _____ S/O, D/O & W/O _____

DATE OF BIRTH _____ N.I.C. NO

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NAME OF ESTABLISHMENT _____

ADDRESS _____

SIGNATURE & SEAL OF PERSONAL MANAGER _____

Date _____

MEDICAL EXAMINATION

1. PHYSICALLY / MENTALLY

FIT

UNFIT

2. ANY H/O CHRONIC AILMENT

YES

NO

(If Yes Please Specify)

3. TAKING ANY REGULAR MEDICNE

YES

NO

4. INVESTIGATION RECOMMENDED

AGE IN MY OPINION _____

SIGNATURE OF APPLICANT

MO//C SSMC, SSD

Signature & stamp

Dated _____