

FORM 'Q'
Certificate of Fitness (Communicable Diseases)
[See Rule 37 (11)]

This is to certify that Shri/Shrimati son of/
daughter of Age Resident
of has been thoroughly examined by me and is considered to be free from
any communicable diseases and is fit for being employed, where food, drink and beverage is prepared and/
or served to customers.

His/her mark (s) of identification is/are-

- (i)
- (ii)
- (iii)

.....
Signature of competent Medical Officer
Registration No.
Date