



**Government of India
Ministry of Labour & Employment
Directorate General Factory Advice Service & Labour Institutes**

INFORMATION BROCHURE CUM APPLICATION FORM

Competency-Based Post Graduate Certificate Course in Industrial Health

ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH)

**Industrial Medicine Division, Central Labour Institute
N. S. Mankikar Marg, Sion, Mumbai - 400022**

NOVEMBER BATCH 2025

IMPORTANT DATES

Application /Brochure published date	09.09.2025
Last date for receipt of the application form by registered/speed post at respective institutes and AFIH Governing Council.	03.10.2025 (Before 5 PM)
Merit List of the eligible and waitlisted candidates will be published on DGFASLI website www.dgfasli.gov.in by the respective institutes.	On or before 13.10.2025
Physical Verification of the original documents followed by admission and fees deposition for Rank 1 to 50 as per merit list	27.10.2025 (11:00 Hrs -17:00 Hrs) 28.10.2025 (11:00 Hrs -13:00 Hrs)
Physical Verification of the original documents followed by admission and fees deposition for waitlisted candidates (if any) as per merit list	28.10.2025 (14:00 Hrs -17:00 Hrs) Reporting Time: 14:00 Hrs
Duration of Course	03.11.2025 -02.02.2026

ABOUT AFIH COURSE

The **Associate Fellow of Industrial Health (AFIH)** is a certified training program recognized by the **Directorate General, Factory Advice Service & Labour Institutes (DGFASLI)** under the **Ministry of Labour and Employment, Government of India**. It is designed specifically for medical practitioners (MBBS doctors) to equip them with essential knowledge in **occupational health, industrial hygiene, safety practices, and legal frameworks** governing worker health and safety.

The course aims to develop qualified professionals capable of serving as **Factory Medical Officers (FMOs)** in various industries, especially those involved in hazardous processes as outlined in the Factories Act, 1948. With the increasing demand for health and safety compliance in industries, the AFIH certification has become a **mandatory qualification for doctors** serving in designated roles within factories.

This 3-month intensive course provides a balance of **theoretical learning, practical training, field exposure**, and **case-based discussions**, ensuring that candidates are prepared to manage occupational health responsibilities effectively.

Key Highlights:

- Recognized qualification under statutory provisions of the Model Rules under the Factories Act 1948.
- Conducted by institutes of DGFASLI and others affiliated institutes across India.
- Prepares doctors for employment as **Factory Medical Officers**.

ESSENTIAL ELIGIBILITY CRITERIA FOR ADMISSION

1. Candidates in possession of recognized medical qualification as per the provisions of the National Medical Commission (NMC) Act, 2019 and the repealed Indian Medical Council (MCI) Act 1956, and
2. Have completed one year of internship period.
3. Possessing permanent/**renewed** registration certificate (as per respective state medical council policy) issued by the NMC/ the erstwhile Medical Council of India or State Medical Council to practice medicine in India and
4. Minimum Two years working experience (as on the date of publication of the information brochure cum application form) in any establishment (Hospital or Industry) after completion of the compulsory internship period. **"Experience certificates issued by the principal employer or duly certified by the principal employer will be accepted. Certificates issued solely by contractors or other agencies shall not be considered valid."** The period spent on higher studies in the

field of modern medicine i.e. recognized post graduate medical degree/diploma (MD/MS/DNB/Diploma) or an equivalent recognized medical qualification as per provisions of the NMC Act 2019 and the repealed Indian Medical Council Act 1956 shall be considered as equivalent to general working experience.

Selection Criteria for Admission to AFIH Course:

If the number of applications received is **less than or equal to the permitted intake capacity**, all eligible candidates shall be admitted as per the defined eligibility criteria.

If the number of applications **exceeds** the intake capacity, a fair & structured **Point-Based Evaluation System** will be followed to prepare a **merit list** for **AFIH admission**.

A. General Admission Rule:

- If **applications ≤ intake capacity**: All **eligible candidates** are admitted based on defined **eligibility criteria**.
- If **applications > intake capacity**: A **Point-Based Evaluation System** is applied to create a **merit list**.

B. AFIH Merit List – Point-Based Evaluation System

Sl. No.	Evaluation Criteria	Max Points	Details
1	Experience in Industry/Factory OHC	25	5 points per year (up to 5 years); must be direct experience in Occupational Health Centers in industrial/factory setups .
2	Experience in Hospitals managing workers' treatment (ESI, ESIC, PSU/Industry Hospitals)	20	4 points per year (up to 5 years); should involve regular treatment of industrial workers .
3	Experience in General Medical Practice	15	3 points per year (up to 5 years); includes private clinics and general hospitals.
4	Trainings/ Seminar / Conference / Workshop at CLI/RLIs	10	5 points per certified event (maximum 2); training/seminar/conference/workshop relevant to Occupational Health, Industrial Safety, or Hygiene
5	Trainings/ Seminar / Conference / Workshop at by other institutions/associations	5	2.5 points per certified event (maximum 2); must be related to Occupational Health, Industrial Safety, or Hygiene .
6	Age Preference	15	- Below 35 years – 15 points - 36–40 years – 10 points - Above 40 years – 5 points
7	Sponsorship/NOC	10	- Sponsored by industry/PSU: 10 points - NOC from industry/PSU: 5 points (NOC = No Objection Certificate)

Total Maximum Score: 100 Points

Sorting of Candidates by Total Score (Descending): Candidates with higher scores will be placed at the top.

C. Tie-Breaker Rules (In Order):

If two or more candidates score equally, the following rules will apply in sequence to resolve the tie:

1. Candidate **Sponsored** by an Industry/PSU
2. Candidate with **NOC** from an Industry/PSU
3. Higher score in **Industry/Factory OHC Experience**
4. Higher score in **Hospital Experience managing Workers' Treatment**
5. More number of **Trainings attended at CLI/RLIs**
6. **Younger Age**

COURSE FEE AND EXAMINATION FEE

1. The training programme fee will be **Rs. 30,000/-** per participant for DGFASLI Institutions.
2. An additional Fees of **Rs. 5,000/-** towards Examination and Registration, is to be paid by all candidates (*DGFASLI Institutions and DGFASLI Affiliated Institutions*) to the DGFASLI at the time of registration for final examination.
3. Fee will be paid online at Bharat Kosh. Details will be provided by the respective institutes at the time of admission.

The expenses for Food, Accommodation, Industrial Visits, Project Work, Stationeries, Study materials, and other assignments etc as part of the curriculum have to be borne by the candidate himself/herself/sponsoring organization.

Stipend/Incentive/Bond Posting:

There will be no provision for stipend/incentive/bond posting to training participants.

COURSE DURATION & STRUCTURE

The duration of the training programme will be three months. Upon successfully completing and passing the training programme, participants will be awarded the title of Associate Fellow in Industrial Health (AFIH) along with a certificate.

Accommodation and Canteen Facilities at AFIH Institutes

AFIH institutes may provide basic to decent hostel or guest house facilities for outstation candidates subject to availability.

Canteen Facilities:

In-house canteens are available at most institutes, offering simple, hygienic meals at subsidized rates.

APPLICATION PROCEDURE:

The prescribed application, completed in all respects and accompanied by self-attested photocopies of certificates (in duplicate), shall be prepared. One complete set of the application should be sent to the institute of preference and the other set should be sent to the Member Secretary, AFIH Governing Council, Industrial Medicine Division, 2nd Floor, Admin Building, Central Labour Institute, N.S. Mankikar Marg, Sion, Mumbai – 400022, by Registered Post or Speed Post only, so as to ensure that the application is received at the respective institute on or before 03.10.2025 (before 5:00 PM).

One copy of the application shall be sent to the institute of preference for admission, as per the details given below:

1. For Central Labour Institute, Mumbai

The Director In-charge,
Industrial Medicine Division,
2nd Floor, Admin Building, Central Labour Institute, N.S. Mankikar Marg, Sion, Mumbai – 400022.

2. For Regional Labour Institute, Chennai

The Director In-charge,
Regional Labour Institute TTTI P.O. Taramani, Adyar, Chennai-600113

3. For Regional Labour Institute, Kolkata

The Director In-charge
Regional Labour Institute, Block -A, Lake Town, Patipukur, Kolkata -700089

4. For Regional Labour Institute, Kanpur
Director In-charge,
Regional Labour Institute, Sarvodaya Nagar, Kanpur 208005

5. For Regional Labour Institute, Faridabad
The Head of Office
Regional Labour Institute, Sector -47, Faridabad -121003

6. For Regional Labour Institute, Shillong
Director In-charge, Regional Labour Institute, Rynjah Near GSI New Premises, Behind Rynjah
Police Station, Shillong, 793006

On the outer envelope, it shall be clearly written as: "APPLICATION FOR AFIH – November -
2025" for "NAME OF THE INSTITUTE".

Last date for receipt of the application form at respective institutes is 03.10.2025.

**Guidelines for continuing education for AFIH professionals with renewal of AFIH
certificates will be published in due course.**



Government of India
Ministry of Labour & Employment
Directorate General Factory Advice Service & Labour Institutes

APPLICATION FORM FOR ADMISSION TO THREE MONTHS TRAINING PROGRAMME
IN INDUSTRIAL HEALTH
ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) – NOVEMBER – 2025
DURATION: 03.11.2025 TO 02.02.2026

Name of the Institute(s) Applying for:

A. Candidate Information

Name (English, Capital letters) :

(Hindi) :

Male/Female/Prefer Not to Say: :

Date of Birth (DD-MM-YYYY): :

Age (as on 30.09.2025): _____ years



Address for correspondence: -----

Mobile Number of the Applicant:

Email ID: _____

Present Employer / Organization address & Contact Details:

Section B: Candidate's Self-Declared Details:

S.N.	Details	To be filled by the applicant From (DD /MM /YY) To (DD/MM/YY) and also Mention Completed Number of Years and Months.	For Office Purpose only (Points Awarded by Evaluator subject to valid documentary proof)	
1	Experience in Industry/Factory OHC (must be direct experience in Occupational Health Centers in industrial/factory setups)			
2	Experience in Hospitals managing workers' treatment (ESI/ESIC/PSU/Industry Hospitals) (should involve regular treatment of industrial workers)			
3	Experience in General Medical Practice includes private clinics and general hospitals.			
4	Attended Trainings/Seminars/Conferences/Worksho ps attended organized by CLI/RLIs (relevant to Occupational Health, Industrial Safety, or Hygiene)			
5	Attended Trainings/Seminars/Conferences/Worksho ps organized by other institutions/associations (relevant to Occupational Health, Industrial Safety, or Hygiene)			
6	Age (as on 30.09.2025)	Date of Birth: ___ / ___ / ___ Age on 30.09.2025: years ___		
7	Sponsorship / No Objection Certificate (NOC)	Tick applicable: <input type="checkbox"/> Sponsored by Industry/PSU <input type="checkbox"/> NOC from Industry/PSU		
Total			___ /100	

C. Checklist of Documents (Attach self-attested copies)

S.N.	Document Required	Attached (Yes/No)
1	MBBS Degree Certificate (recognized by NMC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Valid Registration Certificate (State Medical Council / NMC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Internship Completion Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Aadhar Card (for identity verification)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Experience Certificate / Service Certificate from Industry/Factory OHC	<input type="checkbox"/> Yes <input type="checkbox"/> No

S.N.	Document Required	Attached (Yes/No)
6	Experience Certificate / Service Certificate from Hospitals managing workers (ESI/ESIC/PSU/Industry Hospitals)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Experience Certificate / Service Certificate of General Medical Practice or Self Declaration with copy of Registration or License of the Healthcare Establishment in case of own clinic/hospital.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Certificates of Trainings/Seminars/Workshops attended (CLI/RLI)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Certificates of Trainings/Seminars/Workshops attended (Other institutions/associations)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Proof of Date of Birth (Birth Certificate/10th Certificate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Sponsorship / No Objection Certificate (NOC) from Industry/PSU	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Declaration by Applicant

I hereby declare that I have carefully read the **Information Brochure and Application Form**. I have filled in the application form diligently, and I affirm that the information furnished is true and correct to the best of my knowledge and belief. I fully understand that submission of incomplete, false, fabricated, tampered, misleading, or mismatched information may result in the rejection of my application and cancellation of my candidature at any stage.

I further understand and agree that:

1. Evaluation will be based solely on the documents submitted by me.
2. No self-declared claim, without supporting documentary proof, will be considered.
3. The decision of the Evaluation Committee will be final and binding.
4. In case of any discrepancy, false claim, misleading information, or incomplete application, my candidature shall be summarily rejected without further correspondence.

I further declare that while undergoing the **Three-Month Post Graduate Certificate Course in Industrial Health (AFIH)**, I shall maintain discipline and proper conduct both inside and outside the Institute, and shall not indulge in any activity that may lower the dignity or prestige of the Institute. I agree that, in case of misconduct or misbehaviour, I will abide by the decision of the Institute authorities, including dismissal from the Course, if so decided.

I undertake to produce all the **original certificates, testimonials, and other relevant documents** (Educational Qualification, Experience, Registration, etc.) at the time of document verification/admission. I understand that non-production of these documents will automatically disqualify me from admission.

I also declare that my name is duly registered in the **Indian Medical Register and/or State Medical Register (NMC/MCI/State Medical Council)** and that I am not blacklisted or debarred by any authority.

Date: _____

Place: _____

Signature of Applicant: _____

Name of Applicant: _____

Sponsorship Certificate / NOC

(on Company / PSU / Industry Letterhead)

SPONSORSHIP CERTIFICATE / NO OBJECTION CERTIFICATE

This is to certify that Dr. _____ (son/daughter of _____), presently working with this organization as _____(Designation) and currently posted at Occupational Health Centre / Hospital or Clinic or Dispensary (tick wherever applicable) since _____, is hereby **sponsored / permitted** (tick wherever applicable) to undergo the **Three Months Post Graduate Certificate Course in Industrial Health (Associate Fellow of Industrial Health – AFIH), November 2025 Session** being conducted by Labour Institutes (CLI/RLIs) under the Directorate General, Factory Advice Service and Labour Institutes (DGFASLI), Ministry of Labour & Employment, Government of India or any other institute affiliated/a by DGFASLI.

We confirm that:

1. The candidate is employed with our organization at the following address:

2. The candidate has been deputed/ sponsored by our organization to attend the said training programme from **03.11.2025 to 02.02.2026**.
3. The candidate will be relieved from duty to attend the course during the above period.
4. This certificate is issued as per requirement of the AFIH Application Form for admission.

We have no objection to Dr. _____ applying for and joining the said course.

Authorized Signatory

(Signature with Seal)

Name: _____

Designation: _____

Organization: _____

Mobile Number: _____

Email id: _____

Date: _____

(Office Seal / Stamp)

Place: _____



To download this document please visit DGFASLI website: <https://dgfasli.gov.in>

For More Information and any clarification, please contact:

Member Secretary,
AFIH Governing Council,
Industrial Medicine Division, Central Labour Institute, DGFASLI,
N. S. Mankikar Marg, Sion, Mumbai - 400022
Email: ss@dgfasli.nic.in