**GUIDELINES AND APPLICATION PROCEDURE, ELIGIBILITY AND OTHER DETAILS FOR GRANT OF APPROVAL AS "EMPANELLED DOCTOR" UNDER THE DOCK WORKERS (SAFETY, HEALTH AND WELFARE) REGULATIONS, 1990**

## 1. APPLICATION PROCEDURE

All applications must be submitted **in duplicate** in the prescribed format, along with necessary enclosures, to:

**The Chief Inspector of Dock Safety**
Directorate General Factory Advice Service & Labour Institutes (DGFASLI)
Ministry of Labour and Employment, Government of India
N.S. Mankikar Marg, Sion, Mumbai – 400 022

## 2. CHECKLIST OF ENCLOSURES

Self-certified copies of the following documents must be enclosed:

(a) Age proof certificate and two passport-size photographs

(b) Certificates of qualifications claimed

(c) Experience certificates for each period mentioned in the application

(d) *Valid calibration certificates of clinical equipment

(e) Empanelment certificates under other statutes as listed in item (9) of the application form.

*Note: Calibration certificate validity is one year from the date of calibration.

## 3. ELIGIBILITY

| **Criteria** | **Details** |
|---|---|
| **Age** | Less than 65 years at the time of application |
| **Qualification** | MBBS degree from a medical college recognized by the National Medical Commission (NMC), along with either a Diploma in Industrial Health (DIH) or any other post-graduate qualification recognized by the NMC, or the Associate Fellow of Industrial Health (AFIH) course recognized by DGFASLI or other Government organizations authorized in the field of Occupational Safety and Health. |

| | |
|---|---|
| **Experience** | Minimum 5 years of experience in the field of Occupational Health or organization covered under any statutory provision relating to Occupational Health. |

## 4. REQUIRED MEDICAL FACILITIES

Applicants must maintain in-house medical facilities, including a pathology laboratory accredited by National Accreditation Board for Laboratories (NABL). If NABL accredited laboratory is not available, the applicant must have any government approved laboratory e.g. ICMR approved laboratory. If in-house medical, facilities, including a pathology laboratory accredited by National Accreditation Board for Laboratories (NABL) is not available, then the applicant shall clearly indicate how and where the required tests will be conducted from a NABL accredited laboratory. (see Application Form, Item 8):

| **S. No.** | **Facility Description** |
|---|---|
| 1. | Laboratory with qualified technicians to conduct clinical investigations, including hematology (CBC), biochemistry (blood sugar, serum tests), urinalysis (R/E), and other relevant diagnostic tests |
| 2. | Equipment and facility for audiometry tests |
| 3. | Equipment and facility for occupational vision testing including colour vision |
| 4. | Equipment and facility for pulmonary (Lung) function test (PFT) |
| 5. | Equipment and facility for chest X-ray (Digital full size) |
| 6. | Equipment and facility for ECG (Electrocardiogram) |

**Note**: Institutions or hospitals having the above facilities and employing a qualified doctor (as mentioned in section 3) may also apply.

## 5. SCOPE OF MEDICAL EXAMINATION

A comprehensive occupational health examination shall include:

- Recording of personal, past, family, and socio-economic history
- Occupational history with likely exposure to hazards
- General physical examination
- Systemic and specific target organ/system examination

- **Tests to be conducted**:
    - Routine urine examination
    - Complete blood count (CBC)
    - Blood sugar (Fasting & PP)
    - Electro-cardiogram (ECG)
    - Lung function tests
    - Audiometry
    - Vision testing (job-oriented)
    - Chest X-ray (PA View, full size)
    - Specific tests based on nature of job/exposure

## 6. MISCELLANEOUS

(a) Incomplete or ineligible applications will be rejected.

(b) The medical facility must be within a reasonable distance from the workplace, so that it is practicable for the dock workers to travel upto the facility.

(c) All clinical equipment must be calibrated annually or as prescribed by Original Equipment Manufacturer (OEM) whichever is less.

(d) The initial empanelment of a doctor shall be valid for one year, with subsequent renewals valid for a period of two years.

(e) Renewal applications must be submitted at least 60 days prior to expiry or in the event of any change in facilities.

(f) Addition or deletion of testing facilities in the Medical Facility requires prior approval from the Chief Inspector of Dock Safety, DGFASLI, Mumbai.

(g) All medical records maintained by the empanelled doctor must be systematically documented and made available to the Inspector on request.

(h) If the empanelled doctor diagnoses any disease listed in Schedule IV, a notice in FORM-XIV must be sent to the Chief Inspector of Dock Safety, DGFASLI, Mumbai – 400022.

(i) If a dock worker is found unfit, the empanelled doctor shall inform the Port Authorities or Employer, as well as the Chief Inspector of Dock Safety, using the prescribed Annexure-II.

(j) Renewal application must be submitted **60 days prior** to expiry or in case of any change in facilities.

## 7. WITHDRAWAL OF EMPANELMENT

The Chief Inspector of Dock Safety, DGFASLI, Mumbai reserves the right to **withdraw empanelment at any time without assigning reasons**.

## 8. APPLICATION FORM

The application form for empanelment of doctors for medical examination of dock workers is appended with fields for:

- Personal details
- Educational qualifications
- Professional and occupational health experience
- Availability of facilities
- Declaration and enclosures

**APPLICATION FORM FOR EMPANELMENT OF DOCTORS FOR MEDICAL EXAMINATION OF DOCK WORKERS**

| **Sr. No.** | **Details** | | **Paste Passport Size Photograph** |
|---|---|---|---|
| 1. | Full Name: | | |
| 2. | Date of Birth: | | |
| 3. | Aadhar (UID) Number: | | |
| 4. | Address: | | |
| | (a) Residential: | | |
| | (b) Medical Facility: | | |
| 5. | Telephone No.: | | |
| | (a) Residential: | | |
| | (b) Medical Facility: | | |

**5. Educational Qualifications**

| **Course** | **Institution** | **Year of Passing** | **Grade** |
|---|---|---|---|
| MBBS | | | |
| DIH/AFIH | | | |
| Others (if any) | | | |

**6. Professional Experience**

**Employment (enclose proof of experience)**

| Sl. No. | Name & Address of Employer | Period (From–To) | Nature of Work with Details |
|---|---|---|---|
| | | | |
| | | | |

**7. Availability of Facilities**

(Please tick ✓ 'Yes' or 'No' as applicable)

| Facility | Available (Yes/No) |
|---|---|
| Laboratory/technicians for CBC, Blood Sugar, Biochemical Tests, Urine R/E | |
| Audiometry equipment and facility | |
| Vision testing (Occupational health point of view) | |
| Lung Function Test (Spirometry) facilities | |
| Chest X-ray (Full size) facilities | |
| ECG equipment and facility | |

**8. If All Facilities Are Not Available**

Please indicate how you propose to get the tests done. Provide name & address of Medical Facility:

| Sl. No. | Name & Address of Medical Facility | Date of agreement | Valid upto | Tenure |
|---|---|---|---|---|
| | | | | |
| | | | | |

*(Use a separate sheet if necessary.)*

**9. Empanelment Under Other Statutes**

(Please tick ✓ where applicable and attach copy of empanelment order)

- The Dock Workers (Safety, Health & Welfare) Act, 1986
- The Factories Act, 1948
- The Employees' State Insurance Act, 1948.
- The Atomic Energy Act, 1962

If yes, please provide details:

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**10. Any other relevant information:**

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**DECLARATION**

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief. I further undertake to comply with all the terms and conditions laid down by the Chief Inspector of Dock Safety, DGFASLI, from time to time. I understand that if any information is found to be false or misleading, my empanelment may be revoked, and appropriate action may be taken in accordance with the applicable laws and regulations.

**Signature of the Applicant**

Place:…….

Date:……..

**Note:**

- *Please enclose self-attested copies of certificates supporting Item Nos. 5 & 6.*
- **Attach separate sheets wherever the space provided is insufficient.**
- ***Attach supporting documents for Item No. 9, if applicable.***