

CENTRAL LABOUR INSTITUTE  
Industrial Medicine Division  
DGFASLI, N.S. MANKIKAR MARG, SION, MUMBAI - 400022

No. CLI/AFIH/2026

Date: 27/01/2026

**A.F.I.H. EXAMINATION, February- 2026**

**NOTICE**

It is for the information of all the concerned candidates that Central Labour Institute, Mumbai and Regional Labour Institute, Kanpur, Faridabad, Chennai, Kolkata & Shilong will conduct the theory & practical examination for the candidates undergoing AFIH training (November 2025 Batch) and supplementary candidates from previous batches/sessions of respective institutes as per the following schedule:

Sl. No.	Type of Examination	Schedule
1)	Theory	04.02.2026 (Wednesday) (From 11:00 Hrs. to 13:00 Hrs.)
2)	Practical & Viva	05.02.2026 (Thursday) & 06.02.2026 (Friday) (From 10:00 Hrs. to 17:00 Hrs.)

All concerned candidates are hereby instructed to submit duly filled Examination Form to the respective course coordinator of the institute on or before 02.02.2026. The Director In-charge/HOO/course coordinator will send the examination forms of eligible candidates by email at [ss@dglasli.nic.in](mailto:ss@dglasli.nic.in) on or before 02.02.2026.



(Dr. S. Saini)  
Director (Med) &  
Member Secretary, AFIH Academic Council  
CLI, Mumbai

To

1. The In-charge, MIS Division for uploading the notice on DGFASLI website.

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

**APPLICATION FORM FOR A.F.I.H. EXAMINATION – February 2026**

**1. Name of the Candidate:**  
**In English (Block Letters):** \_\_\_\_\_

**In Hindi:** \_\_\_\_\_

**2. Father's / Spouse's Name:**

**3. Correspondence/ Permanent Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**5. Gender:**

☐ Male    ☐ Female    ☐ Other

**6. Medical Qualification(s):**

MBBS / MD / DNB / Others (specify): \_\_\_\_\_

**7. MBBS Registration No. (State Medical Council / NMC):** \_\_\_\_\_

**8. Name of AFIH Training Institute:**

☐ CLI, Mumbai

☐ RLI (Chennai / Kolkata / Kanpur / Faridabad / Shillong)

**9. Batch Details:**

☐ Regular batch/session: \_\_\_\_\_

☐ Supplementary Candidate (mention batch/session): \_\_\_\_\_

Note: supplementary candidates who have failed in earlier attempts shall be permitted a maximum of three attempts in total.

**10. Period of AFIH Training:**

From \_\_\_\_\_ To \_\_\_\_\_

**11. Email ID (in CAPITAL letters):**

\_\_\_\_\_

**Affix Passport Size**

**Photo**

12. Mobile Number: \_\_\_\_\_

### Declaration by Candidate

I hereby declare that I am **undergoing / have undergone** the prescribed **AFIH training** as per the applicable guidelines and **shall complete / have completed** the prescribed course duration and **project work**, as applicable. I am **eligible to appear / reappear** in the **AFIH Theory and Practical Examination – February 2026**, subject to compliance with the prescribed conditions, including **training requirements, attendance, and project work**, wherever applicable. *(Strike out whichever is not applicable)*

I further undertake to **abide by all examination rules, instructions, and procedures** issued by **DGFASLI / AFIH Academic Council**.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_

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### Certification by Course Coordinator / Director In-Charge

Certified that the above candidate **Dr. ....** **is undergoing / has undergone** the **AFIH training** as per the prescribed curriculum and schedule and **has fulfilled the eligibility criteria prescribed so far**. The candidate **shall complete / has completed** the prescribed course duration and **project work**, as applicable, and is **permitted to appear / re-appear** in the **AFIH Examination – February 2026**, subject to compliance with the prescribed training requirements, Wherever-applicable. *(Strike out whichever is not applicable)*

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: Director In-Charge / Course Coordinator

Institute: \_\_\_\_\_

Signature & Seal: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosures:

1. MBBS Degree Certificate
2. Valid Registration Certificate with the State Medical Council / National Medical Commission (NMC)
3. Aadhaar Card (Photo Identity Proof)

4. Examination & Registration Fee Payment Receipt of ₹5,000/- paid through Bharatkosh

**AFIH REGISTRATION FORM**

1. Name of the Candidate:

In English (Block Letters): \_\_\_\_\_

In Hindi: \_\_\_\_\_

2. Father's / Spouse's Name:

3. Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. MBBS Registration No. (State Medical Council / NMC): \_\_\_\_\_

5. Name of AFIH Training Institute: \_\_\_\_\_

6. Period of AFIH Training: From \_\_\_\_\_ To \_\_\_\_\_

7. Email ID (in CAPITAL letters) & Mobile No:

E-mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

**FOR OFFICE USE ONLY**

(To be filled by AFIH Governing Council, DGFASLI after declaration of result)

Particulars	Details
AFIH Examination Result	<input type="checkbox"/> Passed <input type="checkbox"/> Supplementary Passed <input type="checkbox"/> Not Passed
Month & Year of Passing	
AFIH Registration Number Allotted	
Date of Registration	
Registration Certificate Number	
Registration Certificate Issued On	

Signature of Registering Authority: \_\_\_\_\_  
Name & Designation: \_\_\_\_\_  
Date with Office Seal: \_\_\_\_\_  
**A.F.I.H. EXAMINATION – February 2026**

**ADMIT CARD (HALL TICKET)**

1. Roll Number: \_\_\_\_\_

2. Name of the Candidate:

In English(Block Letters): \_\_\_\_\_

In Hindi: \_\_\_\_\_

3. Father's / Spouse's Name: \_\_\_\_\_

4. Photograph

(Passport size – to be affixed and attested by Course Coordinator)

5. Training Institute:

☐ CLI, Mumbai

☐ RLI (Chennai / Kolkata / Kanpur / Faridabad / Shillong)

6. Examination Centre:

☐ CLI, Mumbai

☐ RLI: \_\_\_\_\_

7. Examination Schedule

Examination	Date	Time
Theory	04.02.2026	11:00 hrs – 13:00 hrs
Practical / Viva	05.02.2026 & 06.02.2026	10:00 hrs – 17:00 hrs

**Member Secretary**  
**AFIH Academic Council, DGFASLI**  
**CLI, Mumbai**

**Important Instructions**

1. The Hall Ticket shall be issued **by the Course Coordinator** after verification of the candidate's eligibility, attendance, and completion of the prescribed project work, as per the AFIH guidelines.
- Candidates shall report **at least 30 minutes before** the commencement of examination.
- Mobile phones, smart watches, electronic gadgets, notes, and books are **strictly prohibited**.
- Candidates must follow instructions of the **Observer / Invigilator** during the examination.

5. Any unfair means shall lead to **disqualification**.

### **Payment Procedure for AFIH Examination & Registration Fee of ₹5,000/- paid through Bharatkosh**

Candidates are required to remit the **AFIH Examination & Registration Fee** through the **Bharatkosh Portal** by following the steps outlined below:

#### **Step-by-Step Payment Instructions**

1. Visit <https://bharatkosh.gov.in>
2. Click on “**Quick Payment**”.
3. Under **Purpose**, search for **Ministry – Labour & Employment**.
4. In the next search field, select the following **Purpose**:  
**Institute Fee – 023000105000200 – Institute Fees of RLI**
5. Select **Pay & Accounts Office (PAO)** as:  
**030263 – PAO (DGFASLI), Mumbai**
6. Select the **DDO Code** as:  
**230265**  
*(Administrative Officer, CTI Building, Central Labour Institute, Mumbai – 400022)*
7. In the **Remarks** column, mention clearly:  
**“AFIH Exam & Registration Fee – January 2026”**
8. Complete the payment using the available online payment modes.
9. After successful payment, **download and retain the payment receipt**.
10. **Attach the Bharatkosh payment receipt** with the AFIH Examination / Registration Application Form.

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#### **Important Note**

- Payment made under an incorrect **Purpose / PAO / DDO Code** may not be accepted.
- Fee once paid shall be **non-refundable**.
- Candidates are advised to ensure correctness of details before final submission.

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