

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@dgrafasli.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): _____

Affix Passport Size

Photo

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):

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: _____

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.
2. Candidates shall report **at least 30 minutes before** the commencement of examination.
3. Mobile phones, smart watches, electronic gadgets, notes, and books are **strictly prohibited**.
4. 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**](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.

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.
