



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

**PROSPECTUS & APPLICATION FORM
FOR ADMISSION TO THE
29th Batch of
'ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) COURSE'**

**CONDUCTED AT
CENTRAL LABOUR INSTITUTE, MUMBAI, REGIONAL LABOUR INSTITUTES
CHENNAI, FARIDABAD, KANPUR AND KOLKATA &
OTHER AFFILIATED INSTITUTES**

**FOR THE
ACADEMIC YEAR 2023
(01.03.2023 – 31.05.2023)**

GOVERNMENT OF INDIA
MINISTRY OF LABOUR & EMPLOYMENT
DIRECTORATE GENERAL FACTORY ADVICE SERVICE AND LABOUR INSTITUTES
N.S. MANKIKER MARG, SION, MUMBAI 400 022
Website: www.dgfasli.gov.in, E-mail: afih.ac@dgfasli.nic.in
Telephone: 022-24060610

ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) 2023
(01.03.2023 – 31.05.2023)
(THE LAST DATE FOR THE RECEIPT OF APPLICATIONS IS 15th FEBRUARY 2023 AT 5.45 PM)

Applications are invited in the format attached herewith for admission to three months full time course of 'Associate Fellow of Industrial Health (AFIH)'.

The classes for the AFIH Course shall be conducted in off-line mode only, the course being a statutory requirement under the Factories Act, 1948.

On completion of the three months course, an examination will be held and successful candidates will be awarded '**ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH)**' which will fulfill the requirement in terms of additional qualification for Factory Medical Officers as required under the Factories Act, 1948 and the rules made there under.

Eligibility for Admission:

1. MBBS Degree from an Institution recognized by the National Medical Council of India/Medical Council of India.
2. Completion of Internship.
3. Permanent Registration with the National Medical Council of India/Medical Council of India/State Medical Council.

Experience:

As on 1st January, 2023, after completion of compulsory internship, the applicant should have a minimum of one year experience in the registered Factory, Mines, Dock Works, Construction Work and Plantation Work under the respective statutes.

Or

Two years working experience in hospitals including self-practice. The period spent on higher studies (full-time NMCI/MCI recognised Degree or Diploma Course only) after completion of MBBS Degree and internship with registration to Medical Council of India/State Medical Council shall be considered as equivalent to self-practice for fulfilling eligibility criteria for admission to AFIH Course, subjected to production of valid certificates.

Reservation:

The reservation policy and procedures for SC/ST/OBC/PH/EWS categories laid down by the Government of India shall be followed.

Selection:

Shortlisted candidates will be called for the interview on **virtual mode** at all the institutes.

The Selection Committee for each institute shall be approved by the AFIH Academic Council.

The Selection Committee for each institute will be approved by the AFIH Academic Council and it shall be having four members; the Course Coordinator shall be the Member Secretary and the other three members shall be each representing the field of Industrial Health, Safety and Hygiene.

The decisions of the Selection Committee and selection list shall be sent to AFIH Academic Council before declaration of results. The decision of the Selection Committee shall be final. The candidates should produce all the certificates and documents in original at the time of admission and the Course Coordinators are responsible for ensuring genuineness of the certificates produced by the applicant.

The concerned institute shall be held responsible for any discrepancy in the selection process.

Submission of Application:

The prescribed application complete in all respects, together with **self attested photo-copies** of certificates in duplicate shall be prepared and **one set of the application shall be received at the institute of preference as per applicable jurisdiction** (List of Institutes along with the postal address and e-mail id is mentioned in Annexure – A and Jurisdiction as per Annexure - B) and **the other set of the application at the AFIH Academic Council by post (compulsory) and a soft copy by e-mail in single PDF format on or before 15th of February 2023 at 5.45 pm** to the following address:

The Member Secretary
AFIH Academic Council
Room No 302, 2nd Floor, CLI Main Building
N. S. Mankiker Marg, Sion, Mumbai 400022
E-mail afih.ac@dglasli.nic.in

The envelope containing the application should be super-scribed as '**APPLICATION FOR ADMISSION TO AFIH – 2023 with the Institute code applied for.**

The e-mail IDs of the institutes are given as Annexure - A

The applicants shall apply to the respective institutes as per the Annexure - B based on the permanent address (for non-working applicants) or place of work (for employed and self practicing applicants).

The applicants applying to the institutes falling in the non - applicable jurisdiction will be considered for the institutes falling in the applicable jurisdiction as per his/her permanent address (for non-working applicants) or place of work (for employed and self practicing applicants).

The decision taken by the AFIH Academic Council in this regard shall be final.

Applicants working in Government or Public sector undertakings or Autonomous Bodies etc. should apply through proper channel only and if the applications are received from the candidates without the approval of the sponsoring authority, the same will be rejected.

Incomplete applications and applications received after the due date and time will not be considered for scrutiny and they will be summarily rejected. No correspondence in this regard will be entertained.

List of shortlisted candidates for admission will be displayed on DGFASLI website www.dglasli.gov.in

Fee:

The selected candidates at all the institutes on intimation by the Selection Committee shall have to pay Rs. 25000/- as Institute fee and Rs. 2500/- as Caution Money Deposit (refundable) to the AFIH Academic Council while joining the AFIH Course.

Central Labour Institute and Regional Labour Institutes of DGFASLI will not be charging any other fee except the Institute fee and Caution Money Deposit.

List of Enclosures to be attached:

1. Self attested photo copy of:
 - a. MBBS Degree Certificate.
 - b. Internship Experience Certificate.
 - c. NMCI/MCI/State Medical Council Registration Certificate(s).
 - d. SC/ST/OBC/PH/EWS Certificate issued by the competent authority, if applicable.
 - e. Experience Certificate(s).
2. Sponsorship Certificate in original, in case of sponsored candidate only,
3. No Objection Certificate in original, in case if candidate is currently working.
4. If there is a change in the name of applicant, copy of Gazette of India and Medical Council Registration with the changed name should be provided.
5. If the certificates given by the applicant are found to be false or forged or fabricated, the admission issued to the candidate will be cancelled immediately after the receipt of the inquiry report from a committee constituted by the AFIH Academic Council in this regard and such candidates will not be considered for admission at any point of time. Apart from the above, a complaint will also be filed in the nearest police station of the institute for initiating necessary action.

Interview:

The interview for the short-listed candidates will be held on 24th February 2023 from 1030 hrs onwards through online mode only at all the institutes.

Admission and Course Commencement:

The admission to the course for the selected candidates shall be held on 27th February 2023 to 1st March 2023. Any extension for the admission time shall be decided by the AFIH Academic Council on case to case basis.

The wait-list candidates will be considered for admission as per the merit list and reservation policy on 2nd March 2023.

The AFIH Course for the year 2023 shall commence from 1st March 2023 at all the institutes.

Applying for vacant seats after the completion of the admission process:

The non-admitted applicants may apply for the vacant seats after the completion of the admission process at all the institutes after 2nd March 2023 as notified by the AFIH Academic Council on the website www.dgfasli.gov.in. The AFIH Academic Council will form a committee and the decisions of the committee will be conveyed to the applicants.

APPLICATION FOR ADMISSION
ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) - 2023
(All information should be filled in CAPITAL LETTERS only)

Affix a recent
 passport
 sized
 2X2 inches
 photograph
 with white
 background
 only

| | | | | | |
|----|---|---|---|------------|--|
| 1. | Institute Code and name of the institute applied for (as per Annexure – A and Annexure - B) | <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> | The applicant can apply for any one of the institute at a time. The applications of the candidate applying for more than one institute stands cancelled | | |
| 2. | Name of the applicant (As mentioned in the Medical Council Registration Certificate) in English and Hindi | | | | |
| | Name of the applicant in Hindi | | | | |
| 3. | Gender (Male/Female/Other) | | | | |
| 4. | Date of birth (dd/mm/yyyy) | dd | mm | yyyy | |
| 5. | Designation | | | | |
| 6. | Employer's/Self-practicing Address | | | | |
| | Contact No. | | | | |
| | E-mail address | | | | |
| 7. | Applicant's Address of correspondence | | | | |
| | Contact No. | | | | |
| | E-Mail address | | | | |
| 8. | Qualification (MBBS, P.G. Degree/Diploma etc.) Enclose the self attested photocopies of the certificates | | | | |
| | Examination Passed | Name of the Institution | Year of passing & Date of completion of internship | % of marks | MCI / State Medical Council Registration No. |
| | MBBS | | | | |
| | MS | | | | |

| | | | | | | |
|---|--|--|------------------------------|---------------------------------|---|--------|
| | MD | | | | | |
| | Other | | | | | |
| 9. | a. Do you belong to SC/ST/OBC/PH/EWS Category Note: The EWS Certificate issued by the Competent Authority of the State Govt. is acceptable (If yes, Please specify the category Please attach attested copy of the certificate) | | | YES | NO | |
| | b. For OBC candidates whether Declaration/Undertaking is enclosed | | | YES | NO | |
| 10. | If employed, whether 'No Objection Certificate' enclosed | | | YES | NO | |
| | If employed whether 'Sponsorship Certificate' enclosed | | | YES | NO | |
| | Name & address of Employer | | Post held | Period & duration of Experience | Total experience after completion of internship | |
| | | | | | years | months |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total work experience | | | | | | |
| 11. | Experience Certificate (attach certificate(s) from the employer) | | | YES | NO | |
| 12. | If self-employed, enclose the relevant documents and fill-in the proforma for self-experience in the Annexure I. | | | YES | NO | |
| | Address of self-employment | | Nature of work | Period & duration of Experience | Total experience after completion of internship | |
| | | | | | years | months |
| | | | | | | |
| Total work experience | | | | | | |
| I hereby solemnly certify that the information given above is true and correct. | | | | | | |
| Place: | | | Signature of the Applicant : | | | |
| Date: | | | Name of the Applicant: | | | |

LIST OF INSTITUTES CONDUCTING AFIH COURSE FOR THE YEAR 2023

| Central and Regional Labour Institutes of DGFASLI conducting AFIH Course | | | |
|---|--|------------------------|--|
| Institute Code | Name and Address of the Institute | Seats permitted | E-mail id |
| 01 | Course Coordinator Associate Fellow of Industrial Health Central Labour Institute N.S.Mankiker Marg, Sion, Mumbai 400022 | 100 | ddg.office@dglasli.nic.in |
| 02 | Course Coordinator Associate Fellow of Industrial Health Regional Labour Institute, Chennai, TTTI P.O. Taramani, Adyar, Chennai 600113 | 50 | rlichennai@dglasli.nic.in |
| 03 | Course Coordinator Associate Fellow of Industrial Health Regional Labour Institute, Faridabad, Sector 47, Faridabad 121003 | 50 | rlifaridabad@dglasli.nic.in |
| 04 | Course Coordinator Associate Fellow of Industrial Health Regional Labour Institute, Kolkata, Lake Town, Patipukur, Kolkata 700089 | 50 | rli.kolkata@dglasli.nic.in |
| 05 | Course Coordinator Associate Fellow of Industrial Health Regional Labour Institute, Kanpur, Sarvodaya Nagar, Kanpur 208005 | 50 | rli-kanpur@dglasli.nic.in |
| Other Institutes affiliated by DGFASLI for conducting AFIH Course | | | |
| 06 | Course Coordinator Associate Fellow of Industrial Health Regional Centre for Occupational Health A Unit of Micro Diagnostic & Health Centre, Bagwe Hospital, Cama Lane, Opp. SNTD College, Neelkanth Nagar, Ghatkopar (W), Mumbai – 400086 | 25 | microcaremumbai@gmail.com |
| 07 | Course Coordinator Associate Fellow of Industrial Health Lokmanya Medical Research Centre, Lokmanya Hospital, 314/B Telco Road, Chinchwad, Pune- 411 033 | 25 | contactlmrc@lmrc.in |
| 08 | Course Coordinator Associate Fellow of Industrial Health Indian Institute of Public Health, Opp. Air Force Head Quarters, Chiloda Road, Lekawada, Gandhinagar, Gujarat 382042 | 25 | vpanchdhane@iiphg.org |

| | | | |
|----|---|----|--|
| 09 | Course Coordinator Associate Fellow of Industrial Health Department of Environmental Health Engineering, Sri Ramachandra University, Porur, Chennai - 600 116 | 25 | drkpaari@ehe.org.in |
| 10 | Course Coordinator Associate Fellow of Industrial Health School of Public Health, SRM University, SRM Nagar, Kattankulathur, Kancheepuram, Dist.Tamilnadu 603 203 | 25 | dean.sph.ktr@srmist.edu.in |
| 11 | Course Coordinator Associate Fellow of Industrial Health Director ICMR, NIOH, PB. NO. 2031, Meghani Nagar, Ahmedabad 380015 | 25 | afihnioh@gmail.com |
| 12 | Course Coordinator Associate Fellow of Industrial Health Regional Occupational Health Centre Nirmal Bhawan Complex, Poojanahalli Road, Off. NH-7, Devanahalli Tal., Kannamangala PO Bengaluru - 562 110 | 25 | rohcbng@yahoo.co.in |
| 13 | Course Coordinator NLC India General Hospital NLC India Ltd.,Neyveli, Kurinchipadi T. K. Cuddalore District, Tamil Nadu-607803 | 25 | imo.gh@nlcindia.in |
| 14 | Course Coordinator Chief Inspector of Factories & Boilers Institute of Safety, Occupational Health & Environment,Althino, Panaji, Goa - 403 001 | 25 | ifb.goa@nic.in |
| 15 | Course Coordinator Centre for Occupational and Environmental Health IVPSS of Govt. of NCT of Delhi, Health & Family Welfare Department 2, Bahadur Shah Zafar Marg, Maulana Azad Medical College Campus, Balmiki Basti, New Delhi, Delhi 110002 | 25 | mamcregistrar@gmail.com |
| 16 | Regional Institute of Occupational Safety and Health Office 3, Kalalaxmi Apartment Samadhan Colony, Kokanwadi, Aurangabad, Maharashtra 431001 | 25 | riosh.org@gmail.com |
| 17 | Saveetha Institute of Medical & Technical Sciences 162, Poonamallee High Road, Chennai 600077 | 25 | principal.scop@saveetha.com |

Jurisdiction of Institutes as per the Zone

| Sr. No. | Institute under DGFASLI | Affiliated Institutes | Jurisdiction of the Institutes |
|---------|--|--|---|
| 1. | Central Labour Institute N.S. Mankikar Marg, Sion, Mumbai – 400022 Maharashtra | <ul style="list-style-type: none"> • Microcare Diagnostic & Health Centre, Mumbai • LMRC, Mumbai • RIOSH, Aurangabad • IFB, CIF, Goa • IIPH, Gandhinagar • ICMR, NIOH, Ahmedabad | The UT/States of Dadra & Nagar Haveli, Daman & Diu, Goa, Gujarat, and Maharashtra |
| 2. | Regional Labour Institute, Chennai No.1, Sardar Patel Road, Adyar, Chennai – 600 113, Tamil Nadu | <ul style="list-style-type: none"> • ROHC, Bengaluru • SRIHER, Porur • SPH, Kattankulathur • SIMATS, Chennai • NLC India Ltd., Neyveli | The UT/States of Andaman & Nicobar Islands, Lakshadweep, Puducherry (Pondicherry), Andhra Pradesh, Telangana, Karnataka, Kerala, and Tamil Nadu |
| 3. | Regional Labour Institute, Faridabad Sector 47, Faridabad 121 003 Haryana | <ul style="list-style-type: none"> • IVPSS, COEH, Maulana Azad Medical College, New Delhi | The UT/States of Chandigarh, Delhi (NCR), Haryana, Himachal Pradesh, Jammu & Kashmir, Ladakh and Punjab |
| 4. | Regional Labour Institute, Kanpur Sarvodaya Nagar Kanpur 208 005, Uttar Pradesh | NIL | The States of Madhya Pradesh, Chhattisgarh, Uttarakhand, Rajasthan, and Uttar Pradesh (except NCR) |
| 5. | Regional Labour Institute, Kolkata Lake Town, Kolkata 700 089 West Bengal | NIL | The states of Bihar, Odisha, West Bengal, Jharkhand and all the North-Eastern States |

Proforma for
Scheduled Caste (SC)/Scheduled Tribe (ST)/Other Backward Class (OBC)/
Physically Handicapped (PH) Certificate

(CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTE (SC)/SCHEDULED TRIBE
(ST)/OTHER BACKWARD CLASS (OBC)/ PHYSICALLY HANDICAPPED (PH)
APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER
THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kum_____ Son/Daughter of
Shri/Smt._____ of _____ Village/Town
_____ District/Division _____ in the
_____ State belongs to the _____

Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No.163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No.88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No.210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No.270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

ANNEXURE - D

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____ District/Division of _____ State. This is also to certify that he / she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09/03/2004 or the latest notification of the Government of India.

Date:

District Magistrate/Competent Authority

Seal

NOTE:

- (a) The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - i. District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - iii. Revenue Officer not below the rank of Tehsildar.
 - iv. Sub-Divisional Officer of the area where the candidate and / or his family resides.
- (c) The annual income / status of the parents of the applicant should be based on financial year ending March 31, 2022.

Declaration/undertaking - for OBC Candidates only

I, _____ son/daughter of
Shri _____ resident of village/town/city
_____ district _____

State _____ hereby declare that I belong to
the _____ community, which is recognized as a backward class
by the Government of India for the purpose of reservation for admission in Central
Government Institutions as per orders contained in Department of Personnel and Training
Office Memorandum No. 36012/22/93- Estt.(SCT), dated 8/9/1993. It is also declared that I
do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to
the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department
of Personnel and Training Office Memorandum No. 36033/3/2004 Estt (Res.) dated 9/3/2004.

I also declare that the condition of status/annual income for creamy layer of my parents/
guardian is within prescribed limits as on financial year ending on March 31, 2022.

Place:

Signature of the Candidate

Date:

* Declaration/undertaking not signed by Candidate will be rejected.

PROFORMA FOR ECONOMICALLY WEAKER SECTIONS (EWS) CERTIFICATE

(INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS)

Government of.....

(Name & Address of the authority issuing the certificate)

Certificate No

Date:.....

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari.....son/daughter/wife of.....permanent resident of....., Village/Street.....Post Office.....District.....in the State/Union Territory.....Pin Code.....whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her family** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
 - II. Residential flat of 1000 sq. ft. and above;
 - III. Residential plot of 100 sq. yards and above in notified municipalities;
 - IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.
2. Shri/Smt./Kumaribelongs to the.....caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

| |
|---|
| Recent Passport size attested photograph of the applicant |
|---|

Signature with seal of office.....

Name

Designation

*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term 'Family' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

The authorities competent to issue EWS Certificates are indicated below:

- (i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate)
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and/or his/her family resides.

CERTIFICATE BY SPONSORING AUTHORITY

(On company letterhead)

(Only for the period of work performed at the sponsoring organization)

Shri/Smt/Ms..... of this Organization is hereby sponsored and nominated to attend the 3 months Associate Fellow of Industrial Health (AFIH) Course during the Academic Year 2023. The duly filled in Application has been verified, found correct and is forwarded herewith. He/she fulfills the eligibility criteria. **It is certified that the applicant will not be engaged for any duties in our registered Factory/Dock Works/Mines/Construction and Building Works/Plantation till the course completion.** He/she will be granted full Pay & Allowances & other expenses if selected to the course for the entire period.

Shri/Smt/Ms.....is working in this organization with effect from.....and his/her total experience as on 01.01.2023 is.....Years.....months as detailed below. He/she is appointed as in this organization.

The Registration / License No. of the Organisation is and issued by the office of the (copy of the license issued by the competent authority shall be enclosed).

Signature & Name of the duly authorized Competent Sponsoring Authority

Place:

Date:

Name & Designation:

Address of the organization:

Telephone No. :

Fax No. :

Email :

Local (office address) :

With Telephone No. if any

(Organization Seal)

License No. :

Name and address of the License issuing Authority

*** Note:**

- This Certificate will be issued by the employer for the period of working of the candidate in his organization only.***
- Certificate by sponsoring authority will not be considered, if the format is changed.***

UNDERTAKING BY THE ORGANISATION

(On the Letter head of registered Factory/Dock Works/Mines/Construction and Building Works/Plantation)

I/We hereby undertake that our employee Shri/ Smt./ Ms.....S/o/ or D/o or W/o.....Working as a (Designation) while pursuing the conducted 3 months Associate Fellow of Industrial Health (AFIH) Course, if found involved in any misconduct/misbehaviour during the study period, I/we will abide by the decision taken by the Principal of the course including dismissal from the Course.

Name and Signature of the Competent Authority of the Sponsoring Organisation with seal and address

Place:

Date:

DECLARATION BY THE CANDIDATE FOR SELF-EMPLOYMENT/PRIVATE PRACTICE

1. I,....., S/o or D/o..... hereby declare that I am a self-employed/private practitioner working at (address)_____ from (dd/mm/yyyy) _____ to (dd/mm/yyyy)_____ (period of working) and I have total work experience of _____years_____months.
2. I am also enclosing the following documents for the proof of the place of the self-employment.

Place:

Name:

Date:

Signature:

Registration Number with seal:

DECLARATION BY THE CANDIDATE

I,....., S/o or D/o..... hereby declare that the information furnished in the application is true and correct to the best of my knowledge and belief and that no material information has been suppressed by me. I also understand that I stand to be disqualified from being admitted to the Course or from continuance in the Course, in the event of any information being found incorrect.

2. While pursuing the 3 months AFIH Course, if found involved in any misconduct/misbehaviour during the study period, I will abide by the decision taken by the AFIH Academic Council including dismissal from the Course.
3. I undertake to produce all the Original Certificates, Testimonials, etc. regarding my Educational Qualification, Experience, etc., at the time of admission to the course without fail and non-producing of these documents during admission will disqualify me for seeking admission to this course.

.....
Signature & Name of the Candidate

Place:

Date:

Check-list for the enclosures

(This check-list shall be enclosed with the application)

(All the boxes shall be filled)

| Sr. No. | Item | Yes/No |
|---------|--|-----------------------------|
| 1. | Proof for change of name, if any (Gazette Certificate) | |
| 2. | Proof for Date of Birth (DOB) | |
| 3. | Proof for permanent address (Aadhar Card) | |
| 4. | Address Proof of Employer/Self-employment/Private practice | |
| 5. | Educational Qualification Certificates from MBBS onwards (renewed MCI Certificate) (Provisional certificates will not be accepted) | |
| 6. | Latest SC/ST/OBC/MBC/BC/PH/ EWS Certificates | |
| 7. | Supporting documents for reservation as per the Central Government Reservation Rules | |
| 8. | Experience Certificates | |
| 9. | No Objection Certificate from the working candidate's current organization/employer | |
| 10. | Sponsorship Certificate in case of sponsored candidate | |
| 11. | License copy with License Number of the sponsoring organization | |
| 12. | Undertaking by the Sponsoring Organization | |
| 13. | Declaration by the candidate for self-employment/private practice | |
| 14. | Declaration by the Candidate | |
| Place: | | Signature of the applicant: |
| Date: | | Name of the applicant: |