

**APPLICATION PROCEDURE, ELIGIBILITY, ETC. FOR GRANT OF APPROVAL AS
“EMPANELD DOCTOR” UNDER THE DOCK WORKERS (SAFETY, HEALTH AND
WELFARE) REGULATIONS, 1990.**

1. APPLICATION PROCEDURE :

All applications are to be sent, in duplicate, in the prescribed format along with all enclosures to:

**The Director General
Factory Advice Service and Labour Institutes
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 are to be submitted along with the application:

- (a) Age proof certificate and two passport size photographs
 - (b) Certificates of qualifications claimed
 - (c) Experience Certificates, for each of the periods of experience mentioned in the application
 - (d) *Valid Calibration Certificates of clinical equipments
 - (f) Empanelment granted/issued under the statutes mentioned at item (9) of the Application Form
- * the validity of the calibration certificate is one year from the date of calibration

3. ELIGIBILITY:

The eligibility for application shall be as under:-

3.1 Age: Less than 65 years on the date of application.

3.2 Qualifications

Individuals applying for consideration must possess a MBBS degree from recognized medical college recognized by Medical Council of India and should have completed rotating

intern ship. In addition to the MBBS degree, they also should possess either DIH/AFIH Post Graduate qualification, recognized by Medical Council of India/DGFASLI, respectively,

3.3 Experience:

Minimum five years of experience in the field of occupational health.

4. FACILITIES:

4.1 Laboratory / facilities / technicians, etc. to carry out blood tests like CBC, Blood, Sugar & other bio-chemical tests of serum, urine R / E

4.2 Equipments and facilities for audiometry

4.3 Equipments and facilities for vision testing from Occupational health point of view *

4.4 Equipments and facilities for Lung Function tests

4.5 Equipments and facilities for taking Chest X-ray (full size)

5. Equipment and facilities for E.C.G. Individuals applying for consideration should have facilities of their own for conducting such medical examinations and tests.

6. Institutions/Hospitals can also apply for conducting medical examinations if they have the qualified Doctor as mentioned in 2 above.

7. MEDICAL EXAMINATION SHALL CONSIST OF:

- Recording the details of history (present, past, personal, family, socio-economic and any other, if relevant).
- Occupational History (past and present with likely hazard to which may be exposed).
- General medical / physical examination.
- Systemic medical examination.
- Specific target organ/system examination.

Tests: - Routine urine examination, CBC blood examination, blood sugar (both fasting and PP), and ECG, lung function tests, Audiometry, tests for visual performance (job oriented vision testing), X-ray PA View of Chest (full size).

Specific tests, if needed, to ascertain the fitness of individual for specific job and also to monitor his occupational health statutes in future (to be determined keeping in view the occupational hazard to which the individual is exposed).

8. MISCELLANEOUS :

- (a) Fresh applications for empanelment will be accepted until further notice.
- (b) Application procedure, Eligibility, etc. are subject to change at the discretion of the Chief Inspector of Dock Safety, DGFASLI, Ministry of Labour and Employment, Government of India, Mumbai – 400 022.
- (c) Incomplete applications, or applications not meeting the eligibility criteria, shall be rejected.
- (d) Distance between clinic and workplace should be feasible.
- (e) All clinical equipments required for medical examination should be calibrated annually.
- (f) The validity of the empanelment granted shall be for a period of one year only.
- (f) The application along with all necessary documents for renewal of empanelment should be made strictly 60 days before the expiry of validity) **or** in case of modification / change in the existing facilities, to the Chief Inspector of Dock Safety, DGFASLI, Ministry of Labour and Employment, Government of India, Mumbai – 400 022.
- (h) In case of any one time addition or deletion of testing facilities intended for carrying out specific testing requirements, the empanelled doctor shall approach the Chief Inspector of Dock Safety, DGFASLI, Ministry of Labour and Employment, Government of India, Mumbai – 400 022, for obtaining necessary approval.
- (i) The details of the medical examination shall be suitably recorded and shall be made available to the Inspector on demand.
- (j) The empanelled doctor attends on a dock workers suffering from any disease specified in Schedule IV, a notice in Form XIV shall be sent to the Director General, Directorate General Factory Advice Service and Labour Institutes, DGFASLI, Ministry of Labour and Employment, Government of India, Mumbai – 400 022.
- (k) The empanelled doctor is of the opinion that the dock workers so examined is required to be taken away from the dock work for health protection he may inform the Port Authorities or Dock Labour Board or the other Employer of dock workers and Chief Inspector of Dock Safety, DGFASLI, Ministry of Labour and Employment, Government of India, Mumbai – 400 022, accordingly.

9. WITHDRAWAL:

Empanelment can be withdrawn anytime by the Chief Inspector of Dock Safety without assigning any reason.

GOVERNMENT OF INDIA

MINISTRY OF LABOUR & EMPLOYMENT
DIRECTORATE GENERAL FACTORY ADVICE SERVICE & LABOUR INSTITUTES
N.S. MANKIKAR MARG, SION, MUMBAI – 400 022, INDIA

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

Sr. No.	<u>Details</u>		Passport Size Photograph
	1.	Name in full	
2.	Date of Birth		
3.	Address		
	(a) Residence		
	(b) Clinic/ OHC/ Hospital		
4.	Telephone No. (Res.)		
	Hospital / Clinic		

5.

Course	Institution	Year of Passing	Grade
MBBS			
DIH / AFIH			
M.D.			
Others, if any			

6. Experience

(a) Employment :

Sl. No.	Name & Address of Employer	Period		Nature of Job
		From	To	

(b) Private Practice

Sl. No.	Name & Address of Clinic / Hospital	Period		Nature of Practice
		From	To	

(c) Experience in area of occupational health and medical surveillance of Workers, if any:

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Sl. Name & Address Nature of work done other details, No. of industries / ports if any where work carried out

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7. Are you / your hospital, is having the facilities of your own (Put tick mark “ / “ at appropriate answer)

- * Laboratory / facilities / technicians, etc. to carry out blood tests like CBC, Blood, Sugar & other bio-chemical tests of serum, urine R / E Yes / No
- * Equipments and facilities for Audiometry Yes / No
- * Equipments and facilities for vision testing from Occupational health point of view Yes / No
- * Equipments and facilities for Lung Function tests Yes / No
- * Equipments and facilities for taking Chest X-ray (full size) Yes / No
- * Equipment and facilities for E.C.G. Yes / No

8. In case you do not have all the facilities as mentioned in item No.7 then indicate how do you propose to get them done & give the details of the facilities available there.

Sl.No. Facilities Name & Address of Polyclinic / Hospital

Use separate sheet to provide the detailed information

9) ***Whether the applicant has been empanelled under any other statutes (tick mark)

- (i) The Factories act, 1948 -
- (ii) The Mines act, 1952 -
- (iii) The Dock Workers (Safety, Health & Welfare) Act, 1986

(If so, give the details there of along with the copy of the empanelment order)

10) Any other information which you wish to provide :-

I certify that the information given above is true to the best of my knowledge. I further certify that I shall comply with all the conditions laid down by the DGFASLI in this regard from time to time.

Signature of the Applicant

Place:

Date:

* Please enclose attested copies of the certificates supporting the information provided under item Nos.5 & 6.

** Please attach separate sheet if the space provided is insufficient.

*** Please enclose attested copies of the certificates supporting the information provided under item No.9.

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