



# DIRECTORATE GENERAL FACTORY ADVICE SERVICE AND LABOUR INSTITUTES

Ministry of Labour and Employment, Government of India

## Half-day Online Training Programme on “Occupational Health Practice for Medical Officers” 18<sup>th</sup> September, 2020 (10 00 – 13 00 hrs)

### About DGFASLI & Regional Labour Institute, Kanpur

DGFASLI is an attached office of the Ministry of Labour & Employment, Government of India and serves as a technical arm to assist the Ministry in formulating national policies on occupational safety and health in factories and docks. It also advises factories on various problems concerning safety, health, efficiency and well - being of the persons at work places.

Regional Labour Institute, Kanpur is one of the oldest institutes in India under DGFASLI, Govt. of India, for teaching, training and consultancy in the field of occupational safety and health. It has been functioning since 1963.

### Background

Occupational Health science is a very dynamic subject in terms of changes in diagnosis & treatment protocols, based on recent scientific evidences. Continuing Medical Education is an important medium to keep updated in the field of occupational health.

One of the keys to preventing diseases is adequate immunization of the workforce against various illnesses that can be prevented. Globally, vaccine-preventable diseases (VPDs) are targeted very effectively at the workplace through a consensus approach on vaccination at the workplace. So, recent updates related to prevention of diseases through immunization should be disseminated among the occupational health practitioners to a health workforce in India.

Therefore, Regional Labour Institute, Kanpur under DGFASLI is providing online training platform for Intended participants to learn from their own place using mobile phone/laptop/desktop (with webcam, microphone & speaker) in view of COVID-19 pandemic situation/preventive measures.

### Programme Highlights

- ❖ Introduction to Occupational Health
- ❖ Adult Immunization in Occupational Health Setting
- ❖ Recent Updates in Animal Bite Management

### Participants

This programme is designed for Medical Practitioners, Factory Medical Officers working in an Occupational Health Care setting. Only 50 participants will be accepted on 'first come first serve basis' to ensure quality learning

### Nomination and Registration

Intended participants can express their interest by sending email to the course coordinator mentioning Name, Age, Gender, Highest Educational Qualification, Designation and Organization. Provisional confirmation will be sent to the selected participants by the training coordinator only. The, participants will have to deposit the institution fee @ Rs 250/- (Rs two hundred fifty only) per participant through Bharatkosh portal (<https://bharatkosh.gov.in>) and email the duly filled registration form along with Receipt of Bharatkosh Payment. Fees once submitted will not be refunded/ adjusted. Details for making online payment:

- Log on to <https://bharatkosh.gov.in> and go to Quick Payment and fill the details as below and proceed for online payment
- Ministry: 021 Labour & Employment
- Purpose: Other receipts under service and service fees
- PAO Code: 030263 - PAO (DGFASLI), Mumbai
- DDO Code : 130270 ADMINISTRATIVE OFFICER, REGIONAL LABOUR INSTITUTE, SARVODAYA NAGAR, KANPUR
- Remarks: Occupational Health Practice for Medical Officers

### Training Coordinator

Dr. Arkaprabha Sau, Deputy Director (Medical)  
Industrial Medicine Division,  
Regional Labour Institute, Kanpur  
Ph. No: 0512-2212502, 0512-2218745  
Email: [rli-kanpur@dglasli.nic.in](mailto:rli-kanpur@dglasli.nic.in) and [hoorli.kanpur@dglasli.nic.in](mailto:hoorli.kanpur@dglasli.nic.in)

### Confirmation and Online Invitation Link

After verifying the credentials, final confirmation of participation will be sent by the training coordinator and invitation link to join the programme will be sent to the selected participants well in advance.

**E-Certificate will be issued for all those who register and attend**



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## REGISTRATION FORM

Name of participant \_\_\_\_\_

Designation \_\_\_\_\_

Category \_\_\_\_\_

Phone No \_\_\_\_\_

E mail address \_\_\_\_\_

Experience in years \_\_\_\_\_

Company name & address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of contact person  
with phone no. \_\_\_\_\_

Fee details ( As per Bharatkosh receipt) \_\_\_\_\_

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

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

(Signature of Participant)