

GOVERNMENT OF INDIA
MINISTRY OF LABOUR & EMPLOYMENT
DIRECTORATE GENERAL FACTORY ADVICE SERVICE AND LABOUR INSTITUTES
CENTRAL LABOUR INSTITUTE
N.S. MANKIKER MARG, SION, MUMBAI 400 022
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Telephone: 022-24060588

ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (2019)

Applications are invited in the prescribed form for admission to three months full time Post Graduate Certificate Course in Industrial Health (AFIH) commencing from 1st April, 2019 to 30th June, 2019 at following institutes:

Central and Regional Labour Institutes of DGFASLI conducting AFIH Course			
1.	Course Coordinator Associate Fellow of Industrial Health Central Labour Institute N.S.Mankiker Marg Sion, Mumbai 400022 Contact: 91-022-24060590/588	3.	Course Coordinator Associate Fellow of Industrial Health Regional Labour Institute, Faridabad Sector 47, Faridabad – 121003
2.	Course Coordinator Associate Fellow of Industrial Health Regional Labour Institute, Chennai TTTI P.O. Taramani, Adyar, Chennai 600113	4.	Course Coordinator Associate Fellow of Industrial Health Regional Labour Institute, Kolkata Lake Town, Patipukur, Kolkata 700089
Other Institutes conducting AFIH Course			
5.	Course Coordinator Associate Fellow of Industrial Health Regional Centre for Occupational Health A Unit of Micro Diagnostic & Health Centre, Bagwe Hospital, Cama Lane, Opp. SNDT College, Neelkanth Nagar Ghatkopar (W), Mumbai – 400086	6.	Course Coordinator Associate Fellow of Industrial Health Lokmanya Medical Research Centre, Lokmanya Hospital, 314/B Telco Road Chinchwad, Pune- 411 033
7.	Course Coordinator Associate Fellow of Industrial Health Department of Environmental Health Engineering, Sri Ramachandra University, Porur, Chennai - 600 116	8.	Course Coordinator Associate Fellow of Industrial Health Indian Institute of Public Health, Opp. Air Force Head Quarters, Chiloda Road, Lekawada, Gandhinagar, Gujarat 382042
9.	Course Coordinator Associate Fellow of Industrial Health School of Public Health, SRM University SRM Nagar, Kattankulathur, Kancheepuram Dist.Tamilnadu 603 203	10.	Course Coordinator Associate Fellow of Industrial Health Director ICMR, NIOH, PB. NO. 2031, Meghani Nagar Ahmedabad 380015
11.	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	12.	Course Coordinator Associate Fellow of Industrial Health Officer-in-Charge Regional occupational health Centre (E) Indian Council of Medical Research Block DP – 1, Sector V, Bidhan Nagar Salt lake City, Kolkata 700091
Note: The applicant can apply only at any one of the above institute at a time. The application of applicant applying at two institutes at one time will stand invalid at both the institutes.			

On completion of the three months teaching curriculum, 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.

Eligibility for Admission:

1. MBBS Degree from an Institution recognized by the Medical Council of India.
2. Completion of Internship.
3. Permanent Registration with the Medical Council of India/State Medical Council.
4. As on the last date for submission of the application form, the applicant should have minimum of 1 year experience in industry or relevant field of occupational health or 2 years experience otherwise, after completion of compulsory internship.

Fee:

The applicants need to pay the **following fees only** while joining the course:

1. **Rs. 6000/-** per person as Institute fee.
2. **Rs. 2000/-** per person as Caution Money Deposit (refundable).

Only the selected candidate should pay the above fee in the form of two separate Demand Drafts to AFIH Academic Council, DGFASLI in favour of 'Central Labour Institute, Mumbai' after admission to the AFIH Course 2019.

Reservation: For SC/ST/OBC/PH candidates (As per Government of India rules). The respective institutes shall ensure strict compliance to the Central Government Reservation Rules.

Selection:

Shortlisted candidates will be called for interview at the above mentioned institutes. The Selection Committee for each institute shall be approved by the AFIH Academic Council. The Selection Committee shall constitute of four members viz. Course Co-ordinator/Institute Representative and one member each from Occupational Health, Industrial Hygiene and Safety. The decisions of the Selection Committee along with the report of the Course Co-ordinator shall be sent to AFIH Academic Council before declaration of results, for records. The decision of the Selection Committee shall be final. No TA/DA will be paid for attending the interview. The candidates should produce all the certificates and documents in original at the time of interview.

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

LAST DATE FOR THE RECEIPT OF APPLICATIONS AT THE RESPECTIVE INSTITUTES IS 28th FEBRUARY, 2019.

THE INTERVIEW SHALL BE CONDUCTED ON 15TH OF MARCH 2019 AT ALL THE INSTITUTES.

Application, complete in all respects, along with **self attested photo-copies** of certificates should be sent to the respective institutes and **a scanned copy of the entire application only with enclosures mentioned in the list below in a single PDF format file** shall be sent to afih.ac@dqfasli.nic.in.

The envelope containing the application should be superscribed '**APPLICATION FOR ADMISSION TO AFIH - 2019**'.

Applicants working in Govt./Public sector undertakings/Autonomous Bodies etc. should apply through proper channel. If such applications are received without the approval of the competent authority, the same will not be considered for processing.

Incomplete applications will be summarily rejected.

APPLICATION FOR ADMISSION
ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) - 2019
(All information should be filled in CAPITAL LETTERS only)
(Strike off the option not applicable)

				Affix a recent passport sized 2X2 inches photograph with white background only	
1.	Name of the Institute applied for				
2.	Name (As written in the Medical Council Registration Certificate)				
3.	Gender (Male/Female)				
4.	Date of birth (dd/mm/yyyy)				
5.	Designation				
6.	Employer's Address (If employed)				
	Pin Code				
7.	Address for correspondence				
	Pin Code				
	Contact No.				
	E-Mail				
8.	Qualifications (MBBS, P.G. Degree/Diploma etc.)				
	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?	YES	NO	
		(If yes, Please specify the category Please attach attested copy of the certificate)			
	b.	For OBC candidates whether Declaration/Undertaking is enclosed	YES	NO	
9.	If employed, whether 'No Objection Certificate' enclosed		YES	NO	
	Name & address of Employer	Post held	Period & duration of Experience	Total experience after completion of internship	
				years	months
10.	If employed whether 'Sponsorship Certificate' enclosed		YES	NO	
11.	Experience (attach certificate(s) from the employer)		YES	NO	
I hereby solemnly certify that the information given above is true and correct.					
Date:					
Place:		Applicant's Signature			

List of Enclosures:

1. Self attested photo copy of:
 - a. MBBS degree (Convocation Certificate)
 - b. Internship Certificate issued by the medical college (not University)
 - c. MCI/State Medical Council Registration Certificate
 - d. SC/ST/OBC/PH Certificate issued by the competent authority, if applicable.
 - e. Experience Certificate.
2. Sponsorship Certificate/No Objection Certificate in original, if employed.
3. If there is a change in name, copy of Gazette of India and Medical Council Registration with the changed name should be provided.

**Note: List of eligible candidates for admission will be displayed on DGFASLI website
www.dgfasli.nic.in**

Proforma for Scheduled Caste (SC)/Scheduled Tribe (ST)/Other Backward Class
(OBC)/Physically Handicapped (PH) Certificate
[Certificates issued from Maharashtra State must be validated by the Social Welfare
Department of the Maharashtra Government]

(CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTE (SC)/SCHEDULED TRIBE
(ST)/OTHER BACKWARD CLASS (OBC) 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.

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, 2019.

Declaration/undertaking - for OBC Candidates only

I, _____ son/daughter of
Shri _____ resident of village/town/city
_____ district _____ Stat
e _____ 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, 2019.

Place:

Signature of the Candidate

Date:

* Declaration/undertaking not signed by Candidate will be rejected