

## Application Form (ANNEXURE-A)

<b><u>APPLICATION FOR ADMISSION</u></b> <b><u>ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) - 2023</u></b> <b>(All information should be filled in CAPITAL LETTERS only)</b>				Affix a recent passport sized 2X2 inches photograph with white background	
1.	Name of the applicant (As mentioned in the Medical Council Registration Certificate) in English and Hindi  Name of the applicant in Hindi				
2.	Gender (Male/Female/Other)  Date of birth (dd/mm/yyyy)				
3.	Designation				
4.	Employer's/Self-practicing Address		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 internship completion after MBBS Exam)	% 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						
13	Accommodation required (Circle as applicable):			Yes	No	

I hereby solemnly certify that the information given above is true and correct.

Place:	Signature of the Applicant:
Date:	Name of the Applicant:

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 &amp; ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS)

Government of.....

(Name &amp; 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./Kumari .....belongs to the.....caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of office.....

Name .....

Designation .....

Recent Passport size attested photograph of the applicant
---

\*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:**

1. ***This Certificate will be issued by the employer for the period of working of the candidate in his organization only.***
2. ***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:	