

**APPLICATION FOR ADMISSION**  
**ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) - 2024**  
**(All information should be filled in CAPITAL LETTERS only)**

Affix a recent  
passport  
sized  
photograph

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)				
3.	Date of birth (dd/mm/yyyy)	dd	mm	yyyy	
4.	Designation				
5.	Employer's/Self-practicing Address				
	Contact No.				
	E-mail address				
6.	Applicant's Address of correspondence				
	Mobile No.				
	E-Mail address				
7.	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					
8.	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
9.	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					
10.	Experience Certificate (attach certificate(s) from the employer)			YES	NO	
11.	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:			

**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:

## 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 closing date of application 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:**

2. ***This Certificate will be issued by the employer for the period of working of the candidate in his organization only.***
3. ***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 ..... ( D e s i g n a t i o n ) 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:

**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.	Experience Certificates	
7.	No Objection Certificate from the working candidate's current organization/employer	
8.	Sponsorship Certificate in case of sponsored candidate	
9.	License copy with License Number of the sponsoring organization	
10.	Undertaking by the Sponsoring Organization	
11.	Declaration by the candidate for self-employment/private practice	
12.	Declaration by the Candidate	
13.	Demand Draft of requisite amount	
Place:	Signature of the applicant:	
Date:	Name of the applicant:	