



**Government of India
Ministry of Labour & Employment
Directorate General Factory Advice Service & Labour Institutes**

**PROSPECTUS & APPLICATION FORM
FOR
ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) COURSE
TO BE CONDUCTED
AT
CENTRAL LABOUR INSTITUTE, MUMBAI,
REGIONAL LABOUR INSTITUTES
AT
CHENNAI, FARIDABAD, KANPUR AND KOLKATA
&
OTHER AFFILIATED INSTITUTES
FOR THE
ACADEMIC YEAR 2021-2022**

**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
Website: www.dgfasli.gov.in, E-mail: afih.ac@dgfasli.nic.in
Telephone: 022-24060610**

ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) 2021

Applications are invited in the prescribed form for admission to three months full time Post Graduate Certificate Course in Industrial Health (AFIH).

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.

Experience:

As on the last date for submission of the application form, after completion of compulsory internship the applicant should have a minimum of one year experience in the Factory, Dock Works and Construction Work.

Or

Two years working experience in hospitals including self-practice. The period spent on higher studies (full-time only) after completion of MBBS Degree and internship with registration to Medical Council of India/State Medical Council shall be considered as equivalent to self-practice for fulfilling eligibility criteria for admission to AFIH Course, subjected to production of valid certificates.

Reservation:

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

Selection:

Shortlisted candidates will be called for the interview at the respective 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 Director (at the institutes of DGFASLI) or Course Co-ordinator (at the affiliated institutes) and one member each from Occupational Health, Industrial Hygiene and Safety

The decisions of the Selection Committee along with the report of the Course Director/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.

THE LAST DATE FOR THE RECEIPT OF APPLICATIONS IS 6TH AUGUST, 2021 TILL 5.45 PM.

The date of conducting interview for the shortlisted candidates and the date of commencement of the AFIH Course 2021 will be up-loaded on the official website www.dgfasli.gov.in. No personal communication shall be made in this regard.

Submission of Application:

The prescribed application complete in all respects, together with **self attested photo-copies** of certificates in duplicate shall be prepared and **one set of the application to be sent to the institute of preference** (List of Institutes along with the postal address and e-mail id is mentioned in Annexure – A) and **the other set of the application to the AFIH Academic Council by post and e-mail in single PDF format on or before 6th of August 2021 at 5.45 pm** to the following address:

**The Member Secretary
AFIH Academic Council
Room No 302, 2nd Floor, CLI Main Building
N. S. Mankiker Marg, Sion, Mumbai 400022
E-mail afih.ac@dgfasli.nic.in**

The e-mail IDs of the institutes are given as Annexure – A

The envelope containing the application should be super-scribed as '**APPLICATION FOR ADMISSION TO AFIH – 2021 with the Institute code.**

Applicants working in Government or Public sector undertakings or 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.

List of shortlisted candidates for admission will be displayed on DGFASLI website www.dgfasli.gov.in

Fee:

The selected candidate shall have to pay Rs. 7500/- as Institute fee and Rs. 2500/- as Caution Money Deposit (refundable) while joining the AFIH Course.

List of Enclosures to be attached:

1. Self attested photo copy of:
 - a. MBBS degree (Convocation Certificate).
 - b. Internship Certificate.
 - c. MCI/State Medical Council Registration Certificate.
 - d. SC/ST/OBC/PH/EWS 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 the name of applicant, copy of Gazette of India and Medical Council Registration with the changed name should be provided.

APPLICATION FOR ADMISSION
ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) - 2021
(All information should be filled in CAPITAL LETTERS only)

Affix a recent passport sized 2X2 inches photograph with white background only

1.	Institute Code applied for (as per Annexure – A)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	The applicant can apply for any one of the institute at a time. The applications of the candidate applying for more than one institute stands cancelled		
2.	Name of the applicant (As mentioned in the Medical Council Registration Certificate) in English and Hindi				
3.	Gender (Male/Female)				
4.	Date of birth (dd/mm/yyyy)	dd	mm	yyyy	
5.	Designation				
6.	Employer's Address (If employed)				
	Contact No.				
	E-mail address				
7.	Address for 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 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/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						
I hereby solemnly certify that the information given above is true and correct.						
Date:						
Place:		Signature of the Applicant				

LIST OF INSTITUTES CONDUCTING AFIH COURSE

Central and Regional Labour Institutes of DGFASLI conducting AFIH Course			
Institute Code	Name and Address of the Institute	Seats permitted	E-mail id
01	Course Director Associate Fellow of Industrial Health Central Labour Institute N.S.Mankiker Marg, Sion, Mumbai 400022	100	ddg-office@dglasli.nic.in
02	Course Director Associate Fellow of Industrial Health Regional Labour Institute, Chennai, TTTI P.O. Taramani, Adyar, Chennai 600113	50	rlichennai@dglasli.nic.in
03	Course Director Associate Fellow of Industrial Health Regional Labour Institute, Faridabad, Sector 47, Faridabad 121003	50	rlifaridabad@dglasli.nic.in
04	Course Director Associate Fellow of Industrial Health Regional Labour Institute, Kolkata, Lake Town, Patipukur, Kolkata 700089	50	rli.kolkata@dglasli.nic.in
05	Course Director Associate Fellow of Industrial Health Regional Labour Institute, Kanpur, Sarvodaya Nagar, Kanpur 208005	50	rli-kanpur@dglasli.nic.in
Other Institutes affiliated by DGFASLI for conducting AFIH Course			
06	Course Coordinator Associate Fellow of Industrial Health Regional Centre for Occupational Health A Unit of Micro Diagnostic & Health Centre, Bagwe Hospital, Cama Lane, Opp. SNTD College, Neelkanth Nagar, Ghatkopar (W), Mumbai – 400086	25	microcaremumbai@gmail.com
07	Course Coordinator Associate Fellow of Industrial Health Lokmanya Medical Research Centre, Lokmanya Hospital, 314/B Telco Road, Chinchwad, Pune- 411 033	25	contactlmrc@lmrc.in
08	Course Coordinator Associate Fellow of Industrial Health Indian Institute of Public Health, Opp. Air Force Head Quarters, Chiloda Road, Lekawada, Gandhinagar, Gujarat 382042	25	vpanchdhane@iiphg.org
09	Course Coordinator Associate Fellow of Industrial Health Department of Environmental Health Engineering, Sri Ramachandra University, Porur, Chennai - 600 116	25	drkpaari@ehe.org.in
10	Course Coordinator Associate Fellow of Industrial Health School of Public Health, SRM University, SRM Nagar, Kattankulathur, Kancheepuram, Dist.Tamilnadu 603 203	25	dean.sph.ktr@srmist.edu.in

11	Course Coordinator Associate Fellow of Industrial Health Director ICMR, NIOH, PB. NO. 2031, Meghani Nagar, Ahmedabad 380015	25	afihnih@gmail.com
12	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	25	rohcbng@yahoo.co.in
13	Course Coordinator NLC India General Hospital NLC India Ltd.,Neyveli, Kurinchipadi T. K. Cuddalore District, Tamil Nadu-607803	25	imo.gh@nlcindia.in
14	Course Coordinator Chief Inspector of Factories & Boilers Institute of Safety, Occupational Health & Environment,Althino, Panaji, Goa - 403 001	25	ifb.goa@nic.in
15	Course Coordinator Centre for Occupational and Environmental Health IVPSS of Govt. of NCT of Delhi, Health & Family Welfare Department 2, Bahadur Shah Zafar Marg, Maulana Azad Medical College Campus, Balmiki Basti, New Delhi, Delhi 110002	25	mamcregistrar@gmail.com
16	Regional Institute of Occupational Safety and Health Office 3, Kalalaxmi Apartment Samadhan Colony, Kokanwadi, Aurangabad, Maharashtra 431001	25	riosh.org@gmail.com
17	Saveetha Institute of Medical & Technical Sciences 162, Poonamallee High Road, Chennai 600077	25	principal.scop@saveetha.com

Note: The applicant can apply only to any one of the above mentioned institutes at a time. The application of the candidate applying for more than one institute stands cancelled.

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 - C

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 _____

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, 2019.

Place:

Signature of the Candidate

Date:

* Declaration/undertaking not signed by Candidate will be rejected

Proforma for ECONOMICALLY WEAKER SECTIONS (EWS) Certificate

(INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS)

Government of.....
 (Name & 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./Kumaribelongs 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.

The EWS Certificate issued after April 01, 2020 alone will be accepted.

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 Course Director/ Course Co-ordinator of the Course 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 interview without fail and non-producing of these documents during interview will disqualify me to appear in the interview as well as in the selection process.

.....
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 2021-2022. 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 industry 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 06.08.2021 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 Company Letter head)**

I/We hereby undertake that our employee Shri/ Smt./
Ms.....S/O/D/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

Place:

Date:

ANNEXURE - I

DECLARATION BY THE CANDIDATE FOR SELF-EMPLOYMENT/PRIVATE PRACTICE

I,....., S/o or
D/o..... hereby declare that I am a
self-employed/private practitioner working at (address)_____

from _____ to_____ (period of working) and I have total work experience of
_____years_____months.

Place:

Name:

Date:

Signature:

Registration Number with seal:

Check-list

(This check-list shall be enclosed with the application)
(All the boxes shall be filled)

S.No.	Item	Yes/No
1.	Name	
2.	Date of Birth (DOB)	
3.	SC/ST/OBC/MBC/BC/ Ex-serviceman/ EWS Certificates	
4.	All Educational Qualification Certificates from SSLC onwards and Transfer Certificate (Provisional certificates are not accepted)	
5.	Detailed Experience / Qualification Certificates	
6.	Sponsor's Certificate completed & signed	
7.	Photo attested (first page)	
8.	Present Name & DOB is as per school leaving certificate	
9.	Signature of the Applicant in the Application Form	
10.	Envelope super scribed with ' Application for AFIH Course 2021 (Institute Code) ' for which applied	
11.	Relevant documents for reservation as per the Central Government Reservation Rules	
12.	Declaration by the Candidate	
13.	Undertaking by the Sponsoring Organization	
14.	Address Proof of Employer	
15.	License copy with License Number of the sponsoring organization	
16.	Declaration by the candidate for self-employment/private practice	
Signature & Name of the applicant		
Place		
Date		