

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 (As written in the Medical Council Registration Certificate)				
2.	Gender (Male/Female)				
3.	Date of birth (dd/mm/yyyy)				
4.	Designation				
5.	Employer's Address (If employed)				
	Pin Code				
6.	Address for correspondence				
	Pin Code				
	Contact No.				
	E-Mail				
7.	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				

8.	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 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.

ANNEXURE I - B

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