



Sri Ramachandra University, Chennai

(Declared under Section 3 of the UGC Act, 1956)

Affix passport
size photo

Application for Admission in Associate Fellow of Industrial Health (AFIH) - 2016

(All information should be written in CAPITAL LETTERS only)

Application Fee Details:

Amount	Demand Draft Number & Date	Bank & Branch
Rs. 1000/-		

1. Name :
2. Gender :
3. Date of Birth :
4. Designation :
5. Employer's Address :
(If employed)
6. Address for Correspondence :
with Pin Code
- Contact Number(s) :
- E-mail ID(s) :

7. Educational Qualifications (MBBS, PG Degree / Diploma etc.)

Examination Passed	Name of the Institution	Year of passing	% of marks	Division / Class
MBBS				
MS				
MD				
Others				

8. Experience - *Attach certificate(s) from the employer*

Name & Address of the employer	Post held	Period & Duration of experience	Whether the industry is a hazardous process industry?

9. Whether hostel accommodation required? Yes / No
(Indicating 'Yes' does not guarantee accommodation in the hostel)

10. Whether 'No Objection Certificate' enclosed? Yes / No
(If employed)

11. Whether 'Sponsorship Certificate' enclosed? Yes / No
(If employed)

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

Date:

Place:

Applicant's Signature

List of Enclosure:

1. Demand Draft for Rs.1000/- drawn in favour of "Sri Ramachandra University", payable at Chennai.
2. Photocopy of MBBS degree (Convocation Certificate) duly attested by a Gazetted Officer.
3. Photocopy of Internship Certificate issued by the Medical College (NOT University) duly attested by a Gazetted Officer.
4. Photocopy of MCI/State Medical Council Registration Certificate duly attested by a Gazetted Officer.
5. Photocopy of Experience Certificate duly attested by a Gazetted Officer.
6. Sponsorship Certificate/No Objection Certificate in original, if employed.
7. Photocopy of 1st to final MBBS mark sheets.

For Office use only:-

Application No