



**GOVERNMENT OF INDIA
MINISTRY OF LABOUR & EMPLOYMENT
DIRECTORATE GENERAL FACTORY ADVICE SERVICE AND LABOUR INSTITUTES
CENTRAL LABOUR INSTITUTE
N.S. MANKIKAR MARG, SION, MUMBAI 400 022**

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“ASSOCIATE FELLOW OF INDUSTRIAL HEALTH” (2016-17)

APPLICATIONS are invited in the prescribed form for admission. to 3 months full time Post Graduate Certificate Course in Industrial Health (AFIH) commencing from 1st December, 2016 to 28th February, 2017 at **Central Labour Institute, Sion, Mumbai 400 022, Regional Labour Institute, Sector 47, Faridabad – 121010 and Regional Labour Institute, Lake Town, Kolkata-700 089.** On completion of the three months teaching curriculum, an examination will be held and successful candidates will be awarded “ASSOCIATE FELLOW OF INDUSTRIAL HEALTH” which will fulfill the requirements in terms of additional qualification for Factory Medical Officers of Hazardous Process Industries as required under the Factories (Amendment) Act, 1987.

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. 4. Minimum of 1 year experience in industry or relevant field of occupational health or 2 years experience otherwise, after completion of compulsory internship.

Fee: 1. **Rs. 2400/-** per person (likely to be revised) as Institute fee.
2. **Rs. 1200/-** per person as Caution money deposit (refundable).

Reservation: For SC/ST/OBC/PH candidates (As per Government of India Rules)

Course contents: 1. Theory: Various aspects of Occupational health and Industrial Medicine Practice. 2. Practical and Clinical training, Educational visits, Group discussions, Project work etc.

Applications should reach to the concerned institute where the candidates sought for admission.

Selection: Shortlisted candidates will be called for interview at **CLI Mumbai / RLI, Faridabad / RLI, Kolkata** as per their first preference. 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.

Accommodation: Limited non-family sharing accommodation is available in the hostel situated in the campus at nominal rates.

LAST DATE FOR THE RECEIPT OF APPLICATIONS AT THE RESPECTIVE INSTITUTE IS 10TH NOVEMBER, 2016.

Applications, complete in all respects along with **self attested photo copies** of certificates should reach the **Director In-Charge (Medical), Industrial Medicine Division, Central Labour Institute, N.S. Mankikar Marg, Sion, Mumbai 400 022** or **Director In-Charge, Regional Labour Institute, Sector 47, Faridabad – 121 010** or **Head of Office, Regional Labour Institute, Lake Town, Kolkata-700 089 where admission is sought** by Registered Post / Speed Post / Hand Delivery. The filled application shall be sent to the institute of first preference. The envelope containing the application should be super scribed “APPLICATION FOR ADMISSION TO AFIH”. Applicants working in Govt./Public sector undertakings/ Autonomous Bodies etc. should apply through proper channel. Incomplete applications will be summarily rejected.

Contd.



APPLICATION FOR ADMISSION IN A.F.I.H. (2016-17)
(All information should be written in CAPITAL LETTERS only)

Affix passport
size photo

Name of the Institute	1 st Preference	2 nd Preference	3 rd Preference
CLI, Mumbai / RLI Faridabad / RLI, Kolkata			

1. Name :
2. Sex (Male/Female) :
3. Date of birth :
4. Designation :
5. Employer's Address (if employed) :
6. Address for correspondence with Pin Code, Tel. 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				
Others				

8. Do you belong to SC/ST/OBC/PH? : YES / NO
(If yes, Please specify the category _____, Please attach attested copy of the certificate)

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

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

11. Experience (Attach certificate(s) from the employer)

Name & address of employer	Post held	Period & duration of experience	Total experience after completion of internship (----yrs. ---- months)

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

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 MBBS degree (Convocation Certificate)
2. Self attested Photo copy of Internship Certificate issued by the Medical College(not University)
3. Self attested Photo copy of MCI / State Medical Council Registration Certificate
4. Self attested photo copy of SC / ST /OBC / PH Certificate issued by the competent authority.
5. Self attested Photo copy of Experience Certificate.
6. Sponsorship Certificate/No Objection Certificate in original, if employed.

Sp. Note: List of eligible candidates called for Interview and Schedule of interview will be displayed on DGFASLI website - www.dgfasli.nic.in.

Proforma for Other Backward Class (OBC) Certificate
[Certificates issued from Maharashtra State must be validated by the Social Welfare
Department of the Maharashtra Government]

(CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES 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.

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.

Dated:

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 / 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.
 - (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, 2008.

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, 2015.

Place: Signature of the Candidate

Date:

* Declaration / undertaking not signed by Candidate will be rejected