



Government of India
Ministry of Labour & Employment
ESIC Model Hospital & PGIMSR, Basaidarapur, Ring Road, Delhi

PROSPECTUS & APPLICATION FORM
FOR ADMISSION TO THE
1st Batch of
‘ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) COURSE’

TO BE CONDUCTED AT
ESIC Model Hospital & PGIMSR, Ring Road, Delhi-15
Training Head : Dr. Dipti Gothi, HOD Pulmonary (8800373920)
Course Coordinator : Dr. Sandeep Martolia, CMO, Dermatology (9654054031)

FOR THE
ACADEMIC YEAR 2024
(10.04.2024 – 09.07.2024)

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|  | कर्मचारी राज्य बीमा निगम Employee State Insurance Corporation (श्रम एवं रोजगार मंत्रालय, भारत सरकार) (Ministry of Labour & Employment, Govt of India) |  | चिकित्सा अधीक्षक का कार्यालय, क.रा.बी.नि. आदर्श अस्पताल, बसईदारापुर Office of the Medical Superintendent, ESIC Model Hospital, Basaidarapur रिंग रोड/Ring Road, दिल्ली/Delhi-110015 फोन/Phone – 011-25100664, ms-basaidarapur.dl@esic.nic.in |
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ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) COURSE 2024

(2nd Batch)

| Important Dates and Deadlines | |
|--|---|
| Application begin | 16 th September 2024 (09:00 AM) |
| Last Date to apply | 30 th September 2024 (01:00 PM) |
| Interview of shortlisted candidates through virtual Mode (if required) | 5 th October 2024 |
| Upload list in website of finally selected candidates/confirmation through email | 7 th October 2024 |
| Submission of course fee and completion of admission formalities | 7 th October 2024 to 14 th October 2024 |
| Course duration | 3 Months (21.10.2024 to 21.01.25) |

Applications are invited in the format attached herewith for admission to three months' full time course of 'Associate Fellow of Industrial Health (AFIH)'. The classes for the AFIH Course shall be conducted in off-line mode only, the course being a statutory requirement under the Factories Act, 1948.

Eligibility for Admission:

Course curriculum and detail guidelines as published by DGFASLI, Mumbai vide F. No. 99/41(AFIH)/2023 dated 21.12.2023 is attached.

Eligibility for Admission:

1. MBBS Degree from an Institution recognized by the National Medical Council of India/Medical Council of India.
2. Completion of Internship.
3. Permanent Registration with the National Medical Council of India/Medical Council of India/State Medical Council.

Experience:

As on closing date of application i.e. **30.09.2024**, after completion of compulsory internship, the applicant should have a minimum of one year experience in the registered Factory, Mines, Dock Works, Construction Work and Plantation Work under the respective statutes.

Or

Two years working experience in hospitals including self-practice. The period spent on higher studies (full-time NMCI/MCI recognized Degree or Diploma Course 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.

Selection:

In case of more than 50 applications, shortlisted candidates will be called for the interview on virtual mode.

Fees:

Application Fees: Rs. 500/- (Five Hundred Only) to be submitted while applying for admission which will be non-refundable.

The selected candidates shall have to pay Rs. 25000/- (Twenty Five Thousand only) as Institute fee which will be non-refundable while joining the course.

The candidate will have to furnish a Demand Draft/Bankers Cheque only for requisite amount drawn in favour of '**ESIC A/c No 2**' payable at Delhi,

Submission of Application:

The prescribed application (Annexure-A) complete in all respects, together with **self attested photo-copies** of certificates and Demand Draft/Banker's Cheque of requisite amount should be submitted by hand/post and **a soft copy by e-mail in single PDF format on or before 7th October 2024 at 1.00 pm** to the following address:

**ESIC Model Hospital & PGIMSR, Basaidarapur,
Medical Branch/central diary, 5th Floor, MS
Building
Ring Road, Delhi-110015
E-mail: ms-basaidarapur.dl@esic.nic.in**

Applicants working in Government or Public sector undertakings or Autonomous Bodies etc. should apply through proper channel only and if the applications are received from the candidates without the approval of the reporting authority, the same will be rejected.

Incomplete applications and applications received after the due date and time will not be considered for scrutiny and they will be summarily rejected. No correspondence in this regard will be entertained.

List of shortlisted candidates for admission will be displayed on ESIC website www.esic.gov.in

List of Enclosures to be attached:

1. Self attested photo copy of:
 - a. MBBS Degree Certificate.
 - b. Internship Experience Certificate.
 - c. NMCI/MCI/State Medical Council Registration Certificate(s).
 - d. SC/ST/OBC/PH/EWS Certificate issued by the competent authority, if applicable.
 - e. Experience Certificate(s).
2. Sponsorship Certificate in original, in case of sponsored candidate only,
3. No Objection Certificate in original, in case if candidate is currently working in Government or Public sector undertakings or Autonomous Bodies
4. 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.
5. If the certificates given by the applicant are found to be false or forged or fabricated, the admission issued to the candidate will be cancelled immediately after the receipt of the inquiry report from a committee constituted by the AFIH Academic Council in this regard and such candidates will not be considered for admission at any point of time. Apart from the above, a complaint will also be filed in the nearest police station of the institute for initiating necessary action.

Interview:

The interview for the short-listed candidates will be held 5th October 2024 from 9:30 hrs onwards through online mode only if no. of valid applications exceed 50.

Admission and Course Commencement:

The admission to the course for the selected candidates shall be held from 1st October 2024 to 7th October 2024. Any extension for the admission time shall not be considered. The wait-list candidates will be considered for admission as per the merit list.

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 <input type="text"/> 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: |