



**Indian Association of Occupational Health (West Bengal)  
&  
Indian Institute of Social Welfare & Business Management**  
in technical collaboration with  
**Labour Department, Government of West Bengal**



**“ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH)”**

**APPLICATION FORM (Session 2016 – 17)**

1. Name in full (capital letters): .....
2. Sex (Male / Female) : .....
3. Date of Birth: .....
4. Mobile number & E-mail id: .....
5. Present Designation: .....
6. Employer’s Address (if employed):



| Name & address of employee | Post held | Period & duration of experience | Whether the industry is hazardous process/Dangerous Operations industry |
|----------------------------|-----------|---------------------------------|---|
|                            |           |                                 |   |
|                            |           |                                 |   |
|                            |           |                                 |   |
|                            |           |                                 |   |

7. Address for correspondence [with Pin Code & Telephone Number (Mobile)]:

.....  
.....  
.....

8. Qualifications (MBBS, PG Degree/Diploma etc with State Medical Council Registration No.):

| Examination passed | Name of the Institution | Year of Passing | % of Marks | Division / Class |
|--------------------|-------------------------|-----------------|------------|------------------|
| MBBS               |                         |                 |            |                  |
| MS                 |                         |                 |            |                  |
| MD                 |                         |                 |            |                  |
| Others             |                         |                 |            |                  |

State Medical Council Registration No.: .....

9. Do you belong to SC/ST/OBC/PH? Yes/No (If Yes, please specify the category ....., please attach attested copy of the certificate)

10. Experience [Attach certificate (s) from the employer]:

11. Whether hostel accommodation required? Yes / No

12. Whether 'No Objection Certificate' enclosed? Yes/No (if employed)

13. 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 Full Signature)**

**List of Enclosures:**

1. Photocopy of MBBS degree self-attested.
2. Photocopy of the 'Internship Certificate', Self Attested.
3. Photocopy of MCI/State Medical Council Registration Certificate duly self-attested.
4. Attested photo copy of SC/ST/OBC/PH Certificate issued by the competent authority self-attested.
5. Photocopy of Experience Certificate duly self-attested.
6. Sponsorship Certificate/No Objection Certificate in Original, if employed.