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): …………………………………………………………………

<table>
<thead>
<tr>
<th>Name &amp; address of employee</th>
<th>Post held</th>
<th>Period &amp; duration of experience</th>
<th>Whether the industry is hazardous process/Dangerous Operations industry</th>
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7. Address for correspondence [with Pin Code & Telephone Number (Mobile)]:

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

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<tr>
<th>Examination passed</th>
<th>Name of the Institution</th>
<th>Year of Passing</th>
<th>% of Marks</th>
<th>Division / Class</th>
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<td>MBBS</td>
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<td>MD</td>
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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.