



INDIAN
INSTITUTE OF
PUBLIC HEALTH
GANDHINAGAR

INDIAN INSTITUTE OF PUBLIC HEALTH GANDHINAGAR
(A University established under IIPHG Act, 2015 of Government of Gujarat State)

ASSOCIATE FELLOW OF INDUSTRIAL HEALTH
(2020)

Applications are invited in the prescribed form for admission to three months' full time Post Graduate Certificate Courses in Industrial Health (AFIH) commencing from 1st April 2020 to 30th June 2020.

On completion of the three months teaching curriculum, an examination will be held and successful candidates will be awarded 'ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) which will fulfill the requirement in terms of additional qualification for Factory Medical Officers as required under the Factories Act, 1948.

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

Course Fee:

- Tuition fee of Rs. 45000/- for industry / officially sponsored doctors; concessional fee of Rs 35,000/- for self-financed candidates
- Application fee of Rs.500/- drawn on Indian Institute of Public Health Gandhinagar to be paid along with the application form. (send your payment Ref. No & Receipt No. on contact@iiphg.org)

Payment options: (A/C Holder Name: Indian Institute of Public Health Gandhinagar; Bank Name: HDFC, Bank Ltd.; Branch Name: Infocity, Gandhinagar, Gujarat, INDIA, A/C No.: 50100157403005, IFSC Code: HDFC0002497, BIC/Swift Code: HDFCINBBXXX) / demand draft / cheque payable at par at Ahmedabad.

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

Selection Process will be as notified by DGFASLI

The concerned institute shall be responsible for any discrepancy in the selection process.

Desirous candidates are requested to send their application as early as possible but not later than 28th February 2020.

THE INTERVIEW SHALL BE CONDUCTED ONCE DATE IS FINALIZED BY DGFASLI BY MID OF MARCH 2020.

Application, complete in all respects, along with **self-attested photo-copies** of certificates should be sent to the respective institutes (vpanchdhane@iiphg.org and contact@iiphg.org). Candidates may also be required to send a copy of their application to DGFASLI. They will be informed accordingly.

The envelope containing the application should be superscribed '**APPLICATION FOR ADMISSION TO AFIH - 2020**'.

Applicants working in Govt./Public sector undertakings/Autonomous Bodies etc. should apply through proper channel.

Incomplete applications will be summarily rejected.

For further clarification: Contact Dr. Vijay Panchdhane on 09428826577 or visit www:iiphg.edu.in, www:phfi.org

APPLICATION FOR ADMISSION
ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) - 2020
(All information should be filled in CAPITAL LETTERS only)
(Strike off the option not applicable)

				Affix a recent passport sized 2X2 inches photograph with white background only	
1.	Name (As written in the Medical Council Registration Certificate)				
2.	Gender (Male/Female)				
3.	Date of birth (dd/mm/yyyy)				
4.	Designation				
5.	Employer's Address (If employed)				
	Pin Code				
6.	Address for correspondence				
		Pin Code			
		Contact 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				
	Other				

8.	a.	Do you belong to SC/ST/OBC/PH?	YES	NO
		(If yes, Please specify the category Please attach attested copy of the certificate)		
	b.	For OBC candidates whether Declaration/Undertaking is enclosed	YES	NO
9.	If employed, whether 'No Objection Certificate' enclosed		YES	NO
	Name & address of Employer	Post held	Period & duration of Experience	Total experience after completion of internship
				years months
10.	If employed whether 'Sponsorship Certificate' enclosed		YES	NO
11.	Experience (attach certificate(s) from the employer)		YES	NO
12.	Hostel required		YES	NO
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:
 - a. MBBS degree (Convocation Certificate)
 - b. Internship Certificate issued by the medical college (not University)
 - c. MCI/State Medical Council Registration Certificate
 - d. SC/ST/OBC/PH Certificate issued by the competent authority, if applicable.
 - e. Experience Certificate.
2. Sponsorship Certificate/No Objection Certificate in original, if employed.
3. If there is a change in name, copy of Gazette and Medical Council Registration with the changed name should be provided.

Proforma for Scheduled Caste (SC)/Scheduled Tribe (ST)/Other Backward Class
(OBC)/Physically Handicapped (PH) Certificate
[Certificates issued from Maharashtra State must be validated by the Social Welfare
Department of the Maharashtra Government]

(CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTE (SC)/SCHEDULED TRIBE
(ST)/OTHER BACKWARD CLASS (OBC) 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.

Date:

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 / Ist Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist 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, 2019.

Declaration/undertaking - for OBC Candidates only

I, _____ son/daughter of
Shri _____ resident of village/town/city
_____ district _____ Stat
e _____ 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, 2019.

Place:

Date:

Signature of the Candidate

* Declaration/undertaking not signed by Candidate will be rejected

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Kumari _____ son/daughter/wife of _____ permanent resident of _____, Village/Street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin Code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'** is below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.