



**3-day Workshop on  
Occupational Health Program: Care & Compliance of Unorganized Sector  
Worker's Perspective for the Primary  
Healthcare Professionals (OHP-CAPH)  
6<sup>th</sup> - 8<sup>th</sup> March 2020**

***"International Labour Organization is the Technical Partner for this Course"***

**Participant Enrollment Form**

**PLEASE FILL THE FORM IN BLOCK LETTERS ONLY**

Salutation:

First Name:

Middle Name:

Last Name:

Gender:

Male

Female

DOB:

Present place of work:

Rural

Urban

Designation:

Affiliation:

Govt.

State

PSU

Private Practice

Others

Central

Postal Address:

*(for course related*

*postal communication)*

Pin Code:

District:

State:

Residential Address:

Pin Code:

District:

State:

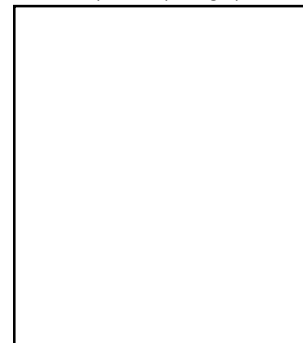
Landline (add STD code):

Mobile Number

Email Address:

*you will receive all correspondence at this email address*

Passport size photograph



*Kindly convert the image to .pdf  
format. Please find the link below  
<https://smallpdf.com/jpg-to-pdf>*

**Course Fee Details**

Is the course:

Sponsored

Self Sponsored

**Sponsorship details**

Sponsored by:

Payment Mode

Cheque

DD

NEFT

[Receipt to be sent to (Kindly mention)] :

Cheque No./DD No./NEFT Details

**Course fee detail for Self Sponsored**

Date of Transaction

Amount

Payment Mode

Cheque

DD

NEFT

Bank Name  
& Branch

Cheque No./DD No./NEFT Details

## Educational Background and Experience (Please attach additional sheet, if required)

Qualification (same as it appears on the degree)	Institute	Year of Passing
Post-Graduation		
Graduation		
Diploma		
Others		

Registration No.

State

Date of  
Registration

### Professional Experience

S. No	Employer/ Organization	Designation	Year From To
1			
2			
3			
4			
5			

Total Clinical experience

Years

Months

No. of years of Clinical Experience in

Years

Months

NA

Occupational Health/Disease Management

Short Course / Training / Workshop Attended [apart from Qualification, pertaining to occupational health/diseases]

S. No	Institute/Organisation	Year	Topic/Title
1			
2			
3			

Enumerate your present job responsibilities

Describe one job experience which shows best the type of activities you have been involved in the field of managing occupational health/disease management

Enumerate few (atleast 3) key challenges which you encounter in your present assignment in terms of building key tools in occupational health/disease management

What are your expectations from this course in relation to your future work

What motivates you to join this course

### Required Documents (Photocopies)

Check list of attachments with the application form Please Tick (✓)/Mention

1. Passport Size Photograph
2. Curriculum Vitae
3. Professional Experience Certificate
4. Educational Qualifications Certificates
5. Payment details (Cheque No./DD No./NEFT Details)
6. Name of Bank and Branch
7. Sponsorship letter (only for sponsored candidates)

#### Declaration

I hereby declare that the above mentioned information, which I have provided, is true to the best of my knowledge. I shall participate in the organized sessions and will devote self-reading time for the 3-days workshop, participate in the assessments and submit the project work as allocated . I understand that by participating in this course, I am enhancing my knowledge and skills related to occupational health/disease management. I also give my consent for publishing my feedback/testimonial which I forward to the secretariat in any report or publication produced by PHFI/ICMR-NIOH. I also understand that this 3 days workshop is not a recognized medical qualification, under section 11 (1) of the Indian Medical Council Act 1956 and the Institution offering this course is neither a medical college or a university.

Name

Signature

Date

## Course Fees:

For enrollment in the 3 days workshop the complete application form with a course fees of INR 23,600/- (inclusive of 18% GST) is to be submitted by either of the following two options:

## Payment Options

### NEFT DETAIL (Rs. 23,600)

#### **Public Health Foundation of India**

HDFC Bank Branch Address: H7, Green Park Extn,  
Green Park, New Delhi, Delhi 110016  
Account Number: 50100254381662  
IFSC Code: HDFC0000586

**OR**

### PAYMENT THROUGH DEMAND DRAFT

Course fees of **Rs. 23,600** in favour of  
**Public Health Foundation of India**,  
payable at New Delhi

**NOTE:** *A nominal charge for boarding & lodging should be payable to ICMR-NIOH Ahmedabad directly during a 3 day residential workshop*

**Occupancy** (for boarding & lodging) Single

Double

Kindly mail this form along with the required documents to:

### **Program Secretariat**

#### **OHP-CAPH, Public Health Foundation of India**

Plot No. 47, Sector - 44, Institutional Area, Gurgaon, Haryana - 122002, India

Email: [occupationalhealthprogram@phfi.org](mailto:occupationalhealthprogram@phfi.org); [shruti.wahal@phfi.org](mailto:shruti.wahal@phfi.org), [arshit.koundal@phfi.org](mailto:arshit.koundal@phfi.org)

Web: [www.phfi.org](http://www.phfi.org), <https://occupationalhealthprogram.org/>

Tel: +911244781400 Ext-4583, 4573 Fax : 0124-4722971

