



GOVERNMENT OF INDIA  
MINISTRY OF LABOUR AND EMPLOYMENT  
DIRECTORATE GENERAL FACTORY ADVICE SERVICES AND LABOUR INSTITUTES  
REGIONAL LABOUR INSTITUTE  
SECTOR-47, FARIDABAD - 121010 (HARYANA)  
PHONE: 0129-2468120 FAX: 0129-2468219 E-mail: [rlifaridabad@yahoo.co.in](mailto:rlifaridabad@yahoo.co.in)

APPLICATION FOR ADMISSION IN A.F.I.H. (2014-15)

(All information should be written in CAPITAL LETTERS only)

Registration Fee Details:		
Amount	Demand Draft No. & Date	Name of the Bank & Branch
Rs. 100/- (Rs.50/- in case of SC/ST)		

1. Name
2. Sex (Male/Female)
3. Date of birth
4. Designation
5. Employer's Name and address (If employed)
6. Address for correspondence : with pin code
7. Mobile Number \* :
8. Email address\* :
9. Do you belong to SC/ST/OBC/PH? : YES / NO  
(If yes, please specify the category \_\_\_\_ )
10. Whether in the trainee hostel accommodation is required?

Affix passport size photo

Yes / No

11. Qualifications (MBBS, P.G. Degree/Diploma etc.)

Examination Passed	Name of the Institution / University	Year of passing	% of marks	Division / Class
MBBS				
MD /MS				
Others				

12. Experience (attach certificate(s) from the employer)

Name & address of employer	Post held	Period & duration of experience	Whether the industry is categorised as hazardous process

13. Whether 'No Objection Certificate' enclosed? Yes / No  
(If, employed)

14. 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 Name & Signature

## **CHECK LIST**

### **List of Enclosures:**

1. Demand Draft for Rs.100/- (Rs.50/- in case of SC/ST) in favour of "Regional Labour Institute" payable at Faridabad.
2. Photo copy of MBBS degree duly self attested.
3. Photo copy of Internship Certificate issued by the medical college duly self attested.
4. Photo copy of MCI /State Medical Council Registration Certificate duly self attested.
5. Photo copies of Experience Certificate duly self attested.
6. Sponsorship Certificate /No Objection Certificate in original, if employed.
7. Copy of Category certificate & declaration/undertaking - OBC Certificate as per given format and should be issued by competent authority after 31st March 2014
8. Self- addressed duly stamped (Rs 40/-) envelop (24cm x11 cm)

XXXXXXXXXXXX

### **"APPLICATION FOR ADMISSION IN AFIH"**

Speed Post /Registered Post

**To**

**The Deputy Director (Medical),  
Regional Labour Institute,  
Sector - 47, Faridabad-121010 (Haryana)"**

XXXXXXXXXXXXXXXXXXXX

(Either 'A' or 'B' of the formats given below should necessarily be completed on organisation letter head by the employer of the organisation where the candidate is employed and which is sponsoring or permitting the candidate for this course).

(A)

CERTIFICATE BY SPONSORING AUTHORITY

Dr ..... holding the post of-----  
in this organization is hereby **sponsored** to attend the 3 months full time Post Graduate Certificate Course in Industrial Health "**A.F.I.H.**" commencing from 1st December, 2014 to 27th February, 2015 at **REGIONAL LABOUR INSTITUTE, SECTOR - 47, FARIDABAD - 121010 (HARYANA)**

The application for admission in the prescribed form, duly filled in, has been verified and is forwarded herewith.

Dr ..... is working in this organization  
w.e.f.....

Place:.....

Date: .....

Signature of the Sponsoring Authority,  
Name & Designation  
Address & Seal of Sponsoring Authority  
Office Ph. No. with STD Code  
Mobile No                      Fax No.  
E-mail Id.

(B)

PERMITTING AUTHORITY

Dr ..... holding the post of-----  
in this organization is hereby **permitted** to attend the 3 months full time Post Graduate Certificate Course in Industrial Health "**A.F.I.H.**" commencing from 1st December, 2014 to 27th February, 2015 at **REGIONAL LABOUR INSTITUTE, SECTOR - 47, FARIDABAD - 121010 (HARYANA)**

The application for admission in the prescribed form, duly filled in, has been verified and is forwarded herewith.

Dr ..... is working in this organization  
w.e.f.....

Place:

Date:..

**Signature** of the Permitting Authority,

**Name** & Designation

Address & **Seal** of Permitting

Authority

Office Ph. No. with STD Code

Mobile No                      Fax No.

Email Id.

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / 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:**

1. 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.
2. 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.
3. 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.
4. Resolution No. 12011/96/94-BCC dated 9/03/96.
5. 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.
6. Resolution No. 12011/13/97-BCC dated 03/12/97.
7. Resolution No. 12011/99/94-BCC dated 11/12/97.
8. Resolution No. 12011/68/98-BCC dated 27/10/99.
9. 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.
10. 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.
11. 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.
12. Resolution No. 12015/9/2000-BCC dated 06/09/2001.
13. Resolution No. 12011/1/2001 -BCC dated 19/06/2003.
14. Resolution No. 12011/4/2002-BCC dated 13/01/2004.
15. 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.**

**Dated:** \_\_\_\_\_

\_\_\_\_\_

**District Magistrate / Deputy Commissioner /**

**Competent Authority/ Seal**

**NOTE:**

1. The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
2. The authorities competent to issue Caste Certificates are indicated below:

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). Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. Revenue Officer not below the rank of Tehsildar' and Sub-Divisional Officer of the area where the candidate and / or his family resides

**Declaration/undertaking - for OBC Candidates only**

I, \_\_\_\_\_ son / daughter of Shri \_\_\_\_\_ resident of

Village/town/city \_\_\_\_\_ district \_\_\_\_\_ State

\_\_\_\_\_ 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 in services 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.

Signature of the  
Candidate

Place: Date: