



-: 2 :-

(b) Private Practice

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Sl. No.	Name & Address of Clinic / Hospital	Period		Nature of Practice
		From	To	

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(c) Experience in area of occupational health and medical surveillance of workers, if any :

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Sl. No.	Name & Address of industries/ports where work carried out	Nature of work done	Other details, if any
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7. Are you / your hospital, is having the facilities of your own (Put tick mark “ / “ at appropriate answer)

- \* Laboratory / facilities / technicians, etc. to carry out blood tests like CBC, Blood, Sugar & other bio-chemical tests of serum, urine R / E Yes / No
- \* Equipments and facilities for eudiometry Yes / No
- \* Equipments and facilities for vision testing from Occupational health point of view Yes / No
- \* Equipments and facilities for Lung Function tests Yes / No
- \* Equipments and facilities for taking Chest X-ray (full size) Yes / No
- \* Equipment and facilities for E.C.G. Yes / No

-: 3 :-

8. In case you do not have all the facilities as mentioned in item No.7 then indicate how do you propose to get them done & give the details of the facilities available there.

Sl.No.	Facilities	Name & Address of Polyclinic / Hospital
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Use separate sheet to provide the detailed information

9. Any other information which you wish to provide :-

I certify that the information given above are true to the best of my knowledge. I further certify that I shall comply with all the conditions laid down by the DGFASLI in this regard from time to time.

Signature of the Applicant

Place :

Date :

\* Please enclose attested copies of the certificates supporting the information provided under item Nos.5 & 6.

\*\* Please attach separate sheet if the space provided is insufficient.

ANNEXURE – 4

Format for Application for Renewal of empanelment for carrying out medical examination of dock workers.

1. Name in full :
2. Date of Birth :
3. Address :
4. Whether acquired DIH/AFIH : YES / NO
5. Number of Supervisors/  
Workers medically examined  
during the previous period of  
empanelment :
6. Details of additional  
facilities acquired during the  
previous period of empanelment :
7. Arrangements proposed,  
if lung function test,  
eudiometry test, etc.  
available or not with the doctor :