

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 :