



**Government of India
Ministry of Labour & Employment
ESIC Medical College & Hospital, Bihta, Patna**

**PROSPECTUS & APPLICATION FORM
FOR ADMISSION TO THE
1st Batch of
'ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) COURSE'**

**TO BE CONDUCTED AT
ESIC Medical College & Hospital, Bihta, Patna**

**Training Head: Dr. Pankaj Kumar
Course Coordinator: Dr. Kalyan Kumar Paul**

**FOR THE
ACADEMIC YEAR 2024
(01.07.2024 – 30.09.2024)**



कर्मचारी राज्य बीमा निगम
(श्रम एवं रोजगार मंत्रालय, भारत सरकार)
EMPLOYEES' STATE INSURANCE CORPORATION
(Ministry of Labour & Employment, Govt. of India)



क. रा. बी. नि. चिकित्सा महाविद्यालय एवं अस्पताल,
बिहटा, पटना- 801103
ESIC Medical College & Hospital,
Bihta, Patna- 801103.
ई मेल/ Email: dean-bihta.bh@esic.nic.in

ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) COURSE 2024

(1st Batch, Total Seats: 30)
(01.07.2024 – 30.09.2024)

Important Dates and Deadlines	
Application start	20.05.2024
Last Date to apply	10.06.2024
Interview of shortlisted candidates through virtual Mode (if required) following e-mail communication/intimation	17.06.2024
Declaration of results (1 st round) on website: www.mcpatna.esic.gov.in followed by e-mail communication	19.06.2024
Submission of course fee and completion of admission formalities (1 st round)	20.06.2024 – 21.06.2024
Publication of vacant seats (2 nd round) & intimation to waitlisted candidates through e-mail	22.06.2024
Submission of course fee by 2 nd round candidates	24.06.2024 – 25.06.2024
Vacancy Publication after 2 nd round (Open round), if required	26.06.2024
Open round admission, if required	27.06.2024
Course Commences	01.07.2024 – 30.09.2024

Applications are invited in the format attached herewith for admission to three months' full-time course of 'Associate Fellow of Industrial Health (AFIH)'. The classes for the AFIH Course shall be conducted in off-line mode only, the course being a statutory requirement under the Factories Act, 1948.

Eligibility for Admission:

Course curriculum and detail guidelines as published by DGFASLI, Mumbai vide F. No. 99/41(AFIH)/2023 dated 21.12.2023 is attached.

1. MBBS Degree from an Institution recognized by the National Medical Council of India/Medical Council of India.
2. Completion of Internship.
3. Permanent Registration with the National Medical Council of India/Medical Council of India/State Medical Council.

Experience:

As on opening date of application i.e. **20.05.2024**, after completion of compulsory internship, the applicant should have a minimum of one year experience in the registered Factory, Mines, Dock Works, Construction Work and Plantation Work under the respective statutes.

Or

Two years working experience in hospitals including self-practice. The period spent on higher studies (full-time NMCI/MCI recognized Degree or Diploma Course only) after completion of MBBS Degree and internship with registration to Medical Council of India/State Medical Council shall be considered as equivalent to self-practice for fulfilling eligibility criteria for admission to AFIH Course, subjected to production of valid certificates.

Selection:

In case of more than 30 applications, shortlisted candidates will be called for the interview on virtual mode.

Application Fees:

Application Fees: Rs. 500/- (Five Hundred Only) to be submitted while applying for admission which will be non-refundable.

The selected candidates shall have to pay Rs. 25000/- (Twenty-Five Thousand only) as Institute fee which will be non-refundable while joining the course.

The candidate will have to furnish a Demand Draft/ Bankers Cheque only for requisite amount drawn in favour of '**ESIC A/c No 2**' payable at **Bihta, Patna, preferably from State Bank of India**.

Submission of Application:

The prescribed application (Annexure-A), complete in all respects, together with **self-attested photo-copies** of certificates and Demand Draft/ Banker's Cheque of requisite amount should be submitted by hand/post **and a soft copy by e-mail in single PDF format on or before 10th of June 2024** to the following address:

To,
The Course Coordinator (AFIH),
C/o- Office of the Dean,
ESIC Medical College & Hospital,
Room No. 13, Ground Floor,
Department of Family Medicine,
Bihta, Patna – 801103
E-mail : afihbihta@gmail.com, dean.bihta@gmail.com

Applicants working in Government or Public sector undertakings or Autonomous Bodies etc. should apply through proper channel only and if the applications are received from the candidates without the approval of the sponsoring authority, the same will be rejected.

Incomplete applications and applications received after the due date and time will not be considered for scrutiny and they will be summarily rejected. No correspondence in this regard will be entertained.

List of shortlisted candidates for admission will be displayed on ESIC website www.mcpatna.esic.gov.in.

List of Enclosures to be attached:

1. Self-attested photo copy of:
 - a. MBBS Degree Certificate.
 - b. Internship Experience Certificate.
 - c. NMC/MCI/State Medical Council Registration Certificate(s).
 - d. SC/ST/OBC/PH/EWS Certificate issued by the competent authority, if applicable.
 - e. Experience Certificate(s).
2. Sponsorship Certificate in original, in case of sponsored candidate only,
3. No Objection Certificate in original, in case if candidate is currently working in Government or Public sector undertakings or Autonomous Bodies
4. If there is a change in the name of applicant, copy of Gazette of India and Medical Council Registration with the changed name should be provided.
5. If the certificates given by the applicant are found to be false or forged or fabricated, the admission issued to the candidate will be cancelled immediately after the receipt of the inquiry report from a committee constituted by the AFIH Academic Council in this regard and such candidates will not be considered for admission at any point of time. Apart from the above, a complaint will also be filed in the nearest police station of the institute for initiating necessary action.

Interview:

The interview for the short-listed candidates will be held on 17th June, 2024 from 10:30 hrs onwards through online mode only if no. of application exceeds 30 i.e. total no. of seats.

Admission and Course Commencement:

The admission to the course for the selected candidates shall be held on 20th June, 2024 to 21st June, 2024. Any extension for the admission time shall not be considered. The wait-list candidates will be considered for admission as per the merit list.

APPLICATION PROCEDURE:

- Competency based course curriculum, guidelines including eligibility and admission process for training program is attached below. Interested candidates shall apply in prescribed application form along with self-attested copies of necessary documents through **speed post only** to The Nodal Officer, AFIH Cell, C/o- Office of the Dean, ESIC Medical College, Sikandarpur, Bihta, Patna- 801103.
- On the outer envelope, it shall be clearly written as: “**APPLICATION FOR AFIH**”
- Last date for receipt of the application form through speed post/ surface mail by/ before **10.06.2024**.
- No TA/DA etc will be provided to attend the document verification/admission/ Reporting/Open Round Counseling or for any other purpose.
- Information related to admission/selection or any other matter for this training program will be notified/updated on the website (<https://esic.gov.in>) as well as www.mcpatna.esic.gov.in from time to time.
- The admission process will end on 27.06.2024 by 16:00 Hrs
- AFIH program will commence from 01.07.2024.

IMPORTANT INFORMATION:

- Only after verification of all documents with original copy and submission of required papers, the provisionally selected candidates will be allowed to deposit fees as per the details given below:
Fees for the Training Program: On the day of admission to the course, the provisionally selected candidates will have to deposit institute fees (Rs. 25,000/- Non- refundable) by DD/ Bankers Cheque payable to ESIC A/c No. 02 payable at Bihta, Patna preferably from SBI.
- Provisional admission will be granted based on the information/ documents furnished by the Candidates as per their application form and during the admission process. In case of any credentials/information/document/certificate etc. being detected or identified or being noticed at any point as false/fabricated/tampered/misleading, his/her candidature and certificate are liable to be cancelled and the fees paid will not be refunded. Appropriate action in this regard will be initiated by the Competent Authority.
- All the students are required to bring TWO passport-size photographs and one set of self-attested photo copies of all documents/certificates/ testimonials including educational & experience certificates along with originals.
- **During the training program, more than 80% attendance is desirable.** A minimum of 75% attendance is mandatory to appear for final examinations. Attendance will be counted from the first day of commencement of the course. Those who do not fulfill the minimum required attendance criteria would not be allowed to appear in final examinations.
- All students are required to adhere to the uniform dress code for doctors i.e. White Coat/Apron.
- The expenses towards Food/Stay/Industry Visits/Project Work/Term Work/Examination fees/Lab Reports Books, /Stationeries/copies of study materials/handouts/lectures/ notes and other assignments, etc as part of the curriculum have to be borne by the candidate himself/herself/sponsoring organization.
- The classes will be held from 09 am to 04 pm on all working days (Monday to Friday). Students are expected to devote their full time to the course.
- During the tenure of the course, students are required to keep track of the different components of the training program. The Institute will not be responsible if any deadline is missed by the student.
- Any kind of indiscipline/uncivilized behavior and unparliamentarily language in the Institute and campus shall be dealt with strictly and disciplinary action will be initiated by the competent authority.
- There shall be a total ban on any act of ragging performed directly or indirectly by any student of the institute. No student shall commit, abet, propagate, or participate directly or indirectly in ragging in or outside the institute.
- Every student is required to observe discipline and maintain decorous behavior both inside and outside the Institute and not to indulge in any activity which will tend to bring down the prestige of the Institute and against the professional ethics of the medical practitioners. The in Charge will constitute a disciplinary committee to enquire into acts of Indiscipline/misconduct. Appropriate action will be taken and communicated to the appropriate authority or organization based on the findings of the disciplinary committee. If a student indulges in malpractice, he/she shall be liable for punitive action as prescribed by the Institute from time to time.
- For any matter related to this training program, the Decision of the Dean, ESIC Medical College, Bihta, Patna as applicable/appropriate shall be final.

HOSTEL ACCOMMODATION: Conditional Accommodation may be available with applicable terms & conditions.

TRAINING COORDINATOR:

Dr. Kalyan Kumar Paul
Assistant Professor, Community Medicine,
Email ID: dr.kalyankr.paul@esic.nic.in Ph. No. : +91-7855878836

FOR MORE DETAILS, PLEASE GO THROUGH THE COMPETENCY BASED COURSE CURRICULUM AND GUIDELINES FOR THE TRAINING PROGRAMME PUBLISHED BY DGFASLI, AVAILABLE IN THE DGFASLI WEBSITE (<https://bit.ly/afih-2024-dgfasli>) OR CONTACT THE TRAINING COORDINATOR

Application Form (ANNEXURE-A)

<u>APPLICATION FOR ADMISSION</u> <u>ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) - 2023</u> (All information should be filled in CAPITAL LETTERS only)				Affix a recent passport sized 2X2 inches photograph with white background	
1.	Name of the applicant (As mentioned in the Medical Council Registration Certificate) in English and Hindi Name of the applicant in Hindi				
2.	Gender (Male/Female/Other) Date of birth (dd/mm/yyyy)				
3.	Designation				
4.	Employer's/Self-practicing Address		mm		yyyy
5.	Designation				
6.	Employer's/Self-practicing Address Contact No. E-mail address				
6.	Applicant's Address of correspondence E-mail address				
7.	Applicant's Address of correspondence Contact No. E-Mail address				
8	Qualification (MBBS, P.G. Degree/Diploma etc.) Enclose the self-attested photocopies of the certificates				
	Examination Passed	Name of the Institution	Year of passing (Date of internship completion after MBBS Exam)	% of marks	MCI / State Medical Council Registration No.
	MBBS				
	MS/ MD/ Other				

9.	a.	Do you belong to SC/ST/OBC/PH/EWS Category Note: The EWS Certificate issued by the Competent Authority of the State Govt. is acceptable (If yes, please specify the category. Please attach attested copy of the certificate)		YES	NO	
	b.	For OBC candidates whether Declaration/Undertaking is enclosed		YES	NO	
10.	If employed, whether 'No Objection Certificate' enclosed		YES	NO		
	If employed whether 'Sponsorship Certificate' enclosed		YES	NO		
	Name & address of Employer		Post held	Period & duration of Experience	Total experience after completion of internship	
					years	months
		Total work experience				
11.	Experience Certificate (attach certificate(s) from the employer)			YES	NO	
12.	If self-employed, enclose the relevant documents and fill-in the proforma for self-experience in the Annexure I.			YES	NO	
	Address of self-employment		Nature of work	Period & duration of Experience	Total experience after completion of internship	
					years	months
		Total work experience				
13	Accommodation required (Circle as applicable):			Yes	No	

I hereby solemnly certify that the information given above is true and correct.

Place:	Signature of the Applicant:
Date:	Name of the Applicant:

Proforma for
Scheduled Caste (SC)/Scheduled Tribe (ST)/Other Backward Class (OBC)/
Physically Handicapped (PH) Certificate

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

ANNEXURE - D

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, 2022.

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 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, 2022.

Place:

Signature of the Candidate

Date:

* Declaration/undertaking not signed by Candidate will be rejected.

PROFORMA FOR ECONOMICALLY WEAKER SECTIONS (EWS) CERTIFICATE

(INCOME & ASSETS CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS)

Government of.....

(Name & Address of the authority issuing the certificate)

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./Kumaribelongs 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

*Note 1: 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.

The authorities competent to issue EWS Certificates are indicated below:

- (i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate)
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and/or his/her family resides.

CERTIFICATE BY SPONSORING AUTHORITY

(On company letterhead)

(Only for the period of work performed at the sponsoring organization)

Shri/Smt/Ms..... of this Organization is hereby sponsored and nominated to attend the 3 months Associate Fellow of Industrial Health (AFIH) Course during the Academic Year 2023. The duly filled in Application has been verified, found correct and is forwarded herewith. He/she fulfills the eligibility criteria. **It is certified that the applicant will not be engaged for any duties in our registered Factory/Dock Works/Mines/Construction and Building Works/Plantation till the course completion.** He/she will be granted full Pay & Allowances & other expenses if selected to the course for the entire period.

Shri/Smt/Ms.....is working in this organization with effect from.....and his/her total experience as on 01.01.2023 is.....Years.....months as detailed below. He/she is appointed as in this organization.

The Registration / License No. of the Organisation is and issued by the office of the (copy of the license issued by the competent authority shall be enclosed).

Signature & Name of the duly authorized Competent Sponsoring Authority

Place:

Date:

Name & Designation:

Address of the organization:

Telephone No. :

Fax No. :

Email :

Local (office address) :

With Telephone No. if any

(Organization Seal)

License No. :

Name and address of the License issuing Authority

*** Note:**

1. ***This Certificate will be issued by the employer for the period of working of the candidate in his organization only.***
2. ***Certificate by sponsoring authority will not be considered, if the format is changed.***

UNDERTAKING BY THE ORGANISATION

(On the Letter head of registered Factory/Dock Works/Mines/Construction and Building Works/Plantation)

I/We hereby undertake that our employee Shri/ Smt./ Ms.....S/o/ or D/o or W/o.....Working as a (Designation) while pursuing the conducted 3 months Associate Fellow of Industrial Health (AFIH) Course, if found involved in any misconduct/misbehaviour during the study period, I/we will abide by the decision taken by the Principal of the course including dismissal from the Course.

Name and Signature of the Competent Authority of the Sponsoring Organisation with seal and address

Place:

Date:

DECLARATION BY THE CANDIDATE FOR SELF-EMPLOYMENT/PRIVATE PRACTICE

1. I,....., S/o or D/o..... hereby declare that I am a self-employed/private practitioner working at (address)_____ from (dd/mm/yyyy) _____ to (dd/mm/yyyy)_____ (period of working) and I have total work experience of _____years_____months.
2. I am also enclosing the following documents for the proof of the place of the self-employment.

Place:

Name:

Date:

Signature:

Registration Number with seal:

DECLARATION BY THE CANDIDATE

I,....., S/o or D/o..... hereby declare that the information furnished in the application is true and correct to the best of my knowledge and belief and that no material information has been suppressed by me. I also understand that I stand to be disqualified from being admitted to the Course or from continuance in the Course, in the event of any information being found incorrect.

- 2. While pursuing the 3 months AFIH Course, if found involved in any misconduct/misbehaviour during the study period, I will abide by the decision taken by the AFIH Academic Council including dismissal from the Course.
- 3. I undertake to produce all the Original Certificates, Testimonials, etc. regarding my Educational Qualification, Experience, etc., at the time of admission to the course without fail and non-producing of these documents during admission will disqualify me for seeking admission to this course.

.....
Signature & Name of the Candidate

Place:

Date:

Check-list for the enclosures

(This check-list shall be enclosed with the application)

(All the boxes shall be filled)

Sr. No.	Item	Yes/No
1.	Proof for change of name, if any (Gazette Certificate)	
2.	Proof for Date of Birth (DOB)	
3.	Proof for permanent address (Aadhar Card)	
4.	Address Proof of Employer/Self-employment/Private practice	
5.	Educational Qualification Certificates from MBBS onwards (renewed MCI Certificate) (Provisional certificates will not be accepted)	
6.	Latest SC/ST/OBC/MBC/BC/PH/ EWS Certificates	
7.	Supporting documents for reservation as per the Central Government Reservation Rules	
8.	Experience Certificates	
9.	No Objection Certificate from the working candidate's current organization/employer	
10.	Sponsorship Certificate in case of sponsored candidate	
11.	License copy with License Number of the sponsoring organization	
12.	Undertaking by the Sponsoring Organization	
13.	Declaration by the candidate for self-employment/private practice	
14.	Declaration by the Candidate	
Place:		Signature of the applicant:
Date:		Name of the applicant: