

APPLICATION FOR ADMISSION TO
ASSOCIATE FELLOW OF INDUSTRIAL HEALTH (AFIH) - 2018

(All information should be written in CAPITAL LETTERS only)

Affix passport
size photo

1. Name
(As given in the Registration Certificate) :
2. Sex (Male/Female) :
3. Date of Birth :
4. Designation
(If employed) :
5. Employer's Address
(If employed) :
6. Address for Correspondence
with PIN Code :
- Contact Number(s) : Mobile. Landline.
- E-mail ID(s) :

7. Qualifications (MBBS, PG Degree / Diploma etc.)

Examination Passed	Name of the Institution	Year of passing & date of completion of internship	Percentage of marks	MCI/State Medical Council Registration No.
MBBS				
MS				
MD				
Others				

8. Whether you belong to SC ST OBC PH
(Please put (√) in the relevant box)

9. Whether No Objection Certificate from the employer is enclosed. YES/NO
(If employed)

10. Whether 'Sponsorship Certificate' is enclosed. YES/NO__
(If employed)

11. Experience - Attach certificate(s) from the employer

Name & Address of the Employer	Post held	Duration of experience		Total experience after completion of internship	
		From	To	YEARS	MONTHS

12. Whether hostel accommodation is required YES / NO

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

Date:

Place:

Applicant's signature

List of Enclosure : (Please enclose self attested photocopies of certificates) Please put (√) in the box

1. Demand Draft for Rs.1,000/- drawn in favour of "Sri Ramachandra Medical College and Research Institute (Deemed University)", payable at Chennai.
 2. Photocopy of MBBS degree (Convocation Certificate)
 3. Photocopy of Internship Certificate issued by the Medical College (NOT University)
 4. Photocopy of MCI/State Medical Council Registration Certificate
 5. Photocopy of Experience Certificate, if employed
 6. Sponsorship Certificate/No Objection Certificate **in original**, if employed.
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