

Application Form for Authorised Certifying Surgeon

UTN: _____
Entity Status _____

Self signed
passport size
latest
photograph
of the
Candidate

1 Name of Applicant (English) _____

2 Name of District applied for Authorized Certifying Surgeon _____

3 Address of Clinic / Hospital (Phone No. / Mobile No.) _____

Telephone No. _____

Mobile No. _____

Email ID _____

4 Educational qualification
(Note: Applicant should have minimum qualification as MBBS)

5 Experience regarding health check-up of industrial workers (Not Less than 5 years)

6 Experience regarding working as Authorised Certifying Surgeon, if any

7 Facilities and equipment available at the clinic / hospital for industrial workers health check-up

8 Available staff in clinic and their qualifications

9 Whether working as a factory medical officer at present ?

Payment Details

Receipt No.	Receipt Date
Payment Mode	
Challan/DD/Cheque No.	Challan/DD/Cheque Date
Treasury Bank	
Applicable Fees ₹	
Total Fees to be Paid ₹	Fees Paid ₹

Date :

Signature :

Place :

Applicant's Name5 :

Attach the following documents :

- 1) Affidavit on stamp paper (Rs.20/-).
- 2) Attested documents regarding educational qualification.
- 3) Demand draft of Rs.10,000/- (Rupees Ten Thousand only) as application fee in favour of "Director, Industrial Safety & Health, Mumbai" payable at Mumbai.
- 4) Monthly Report in format regarding work done as Authorized Certifying Surgeon in past.
- 5) Experience certificates regarding health check-up of Industrial workers.