

**INDIAN MEDICAL ASSOCIATION – PONDA BRANCH
DR. DHAIMODKER'S OCCUPATIONAL HEALTH & RESEARCH CENTRE
DR. VALLABH DHAIMODKER FOUNDATION**

MEDICAL EMERGENCIES PREPAREDNESS & DISASTER MANAGEMENT

VENUE: - IMA HOUSE PONDA , Kurtarkar Commercial Arcade , Phase II , Sadar , Ponda Goa

Date: - Thursday, 15th April 2021 : Time 9.00 AM to 4.30 PM

WORK SHOP – PROGRAM

The Convenor,
IMA-DDOHRC Collaboration program .
Dhavalimal, Ponda Goa .

Sir,

I am deputing the delegate / I wish to participate in the Workshop “**MEDICAL EMERGENCIES PREPAREDNESS & DISASTER MANAGEMENT**” conducted at IMA House, Ponda on Thu. 15th April 2021 .

NAME	ORGANISATION	DESIGNATION	WHATSAPP / MOBILE	EMAIL

I am enclosing here with delegate fees of Rs 1,800 /- (Rupees One Thousand Eight Hundred only)

In cash / by DD / by cheque favoring “ Dr Dhaimodker’s Occupational Health & Research Centre “
of _____ Bank , DD/ Chq No : _____ , dated : _____ .

I , Mr/Ms _____ hereby declare that presently I don’t have symptoms of
cough, fever , body ache or malaise or Covid-19 like symptoms , not I have come in contact with
Covid-19 person in recent days .

Signature of Candidate

Seal

For (Organisation / Company)

(Use separate registration form for each participant)

For Office correspondence:

Entry No _____ date : _____ certificate No _____

Signature of Convener