

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

BASIC FIRST AID AWARENESS PROGRAM

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

Date: -Saturday, 28th August 2021 : Time 9.00 AM to 4.30 PM

DELEGATE REGISTRATION FORM

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

Sir,

I wish to participate /I am deputing the delegatefor **"BASIC FIRST AID AWARENESS PROGRAM "** conducted at IMA House, Ponda on Saturday, 28th August 2021 .

NAME	ORGANISATION	DESIGNATION	WHATSAPP /MOB	EMAIL

I am enclosing here with delegate fees of Rs 1,250 /- (Rupees One Thousand Two Hundred Fifty)

/ Rs.1, 100 /- (Rupees One Thousand One Hundred only)In cash / by DD / by chequefavoring

" 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 .

(Meals : Veg / Non-veg)

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