

**DR. DHAIMODKER – IMA FIRST AID TRAINING ACADEMY, PONDA
INDIAN MEDICAL ASSOCIATION – PONDA BRANCH
DR. VALLABH DHAIMODKER FOUNDATION**

FIRST AID AWARENESS PROGRAMME

**VENUE: - IMA HOUSE, PONDA, KURTARKAR COMMERCIAL ARCADE, PHASE II,
KAZIWADA, PONDA – GOA. 403 401**

Dates: - Saturday , 1st October 2022

DELEGATE REGISTRATION FORM

To,
Program Officer,
Dr. Dhaimodker – IMA First Aid Training Academy, Ponda,
IMA House, Ponda.

Sir,

I wish to participate / depute below delegate for “First Aid Certificate Awareness Program “conducted at IMA House, Ponda on Saturday , 1st October 2022

NAME	HOSPITAL/ORGANISATION	DESIGNATION	Whatsapp / Mobile

I am enclosing here with delegate fees of Rs _____ /- (_____)

In cash / by DD / by cheque favoring “ Dr. Vallabh Dhaimodker Foundation“ .

of _____ Bank , DD/ Chq No : _____ , dated : _____ , towards the delegate fees of

above participants (@ Rs 1,250 /- Rupees One Thousand Two hundred Fifty only)

I , Mr/Ms _____ hereby declare that presently I don't have symptoms of

cough, fever , body ache or malaise or Covid-19 like symptoms , nor I have come in contact with Covid-19 person in recent days .

Signature of Candidate

Seal

For (Hospital/Clinic / Organisation)

For Office correspondence:

Entry No _____ date : _____ certificate No _____

Signature of Program Officer