

**DR. DHAIMODKER – GGVTC FIRST AID TRAINING ACADEMY
DR. VALLABH DHAIMODKER FOUNDATION**

FIRST AID CERTIFICATE COURSE

VENUE: Goa Group Vocational Centre , Supriya Apartments , 3rd floor, Haveli, Curti , Ponda Goa . 403 401

Dates : Tuesday 20TH FEBRUARY 24 to Saturday 24th FEBRUARY 24

DELEGATE REGISTRATION FORM

To,
Program Officer,
Dr. Dhaimodker – GGVTC - First Aid Training Academy ,
Ponda – Goa .

Sir,

I wish to participate / I am deputing the below delegate for “First Aid Certificate Course “ conducted at GGVTC , Haveli, Curti , Ponda between Tuesday 20TH FEBRUARY 24 to SATURDAY 24th FEBRUARY 24

| NAME | Father's Name | ORGANISATION | DESIGNATION |
|------------------|---------------|-------------------|-----------------|
| | | | |
| Qualifications : | Email : | Whatsapp / Mobile | Aadhaar Card No |
| Address : | | | Pincode : |

I am enclosing here with two copies of postage stamp size (2,5 cms x 3 cms) photographs , Aadhaar card copy along with delegate fees of Rs 5,900 /- (Rupees Five Thousand Nine Hundred only)

By NEFT / DD / Cheque of _____ Bank , DD/ Chq No : _____, dated _____ favoring “ DR. VALLABH DHAIMODKER FOUNDATION“

(VEG / NON-VEG)

GST No :- GSTIN : 30AAVFD6166H1Z8 .

Bank :- State Bank of India, Ponda Branch , Account No : 3973196170 ; IFSC CODE : SBIN0000557

Signature of Candidate

Seal

For (Organisation / Company)

(Use separate registration form for each participant)

For Office correspondence:

Entry No _____ date : _____ certificate No _____

Signature of Training Officer