

**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 5th August 25 to Saturday 9th August 25

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 5th August 25 to Saturday 9th August 25

NAME	Father's Name	ORGANISATION	DESIGNATION
Qualifications :	Email :	Whatsapp / Mobile	Aadhaar Card No
Date of Birth :			
Address :			Pin code :

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 : 39731996170 ; 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