DR. DHAIMODKER – IMA FIRST AID TRAINING ACADEMY, PONDA
DR. VALLABH DHAIMODKER FOUNDATION

FIRST AID AWARENESS PROGRAMME
VENUE: DR.DHAIMODKER'S OCCUPATIONAL HEALTH & RESEARCH CENTRE ,
GIDC QTRS, 1ST FLOOR , VERNA INDUSTRIALESTATE , VERNA GOA
DATE TUESDAY , 14TH APRIL 2026 TIME : 9.00 AM TO 4.30 PM

DELEGATE REGISTRATION FORM

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

Sir,
I wish to participate / depute below delegates for "First Aid Awareness Program " to be conducted on Tuesday, 14th April 2026 at Dr.Dhaimodker's Occupational Health & Research Centre ,Verna.

NAME	ORGABISATION	DESIGNATION	Whatsapp / Mobile

I am/we are 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 1250 /- Rupees One Thousand Two hundred Fifty only)

_____ _____

Signature of Candidate **Seal** **For (Organisation)**

(If participants are more an additional sheet may be attached)

For Office correspondence:
Entry No _____ date : _____ certificate No _____

Signature of Program Officer