

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

**FIRST AID CERTIFICATE COURSE**

**VENUE: Goa Group Vocational Centre, Supriya Apartments, 3<sup>rd</sup> floor, Haveli, Curti, Ponda Goa. 403 401  
Dates: Tuesday 19<sup>th</sup> May 2026 to Saturday 23<sup>rd</sup> May 2026**

**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 19<sup>th</sup> May 2026 to Saturday 23<sup>rd</sup> May 2026

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