

**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: - Thursday , 29th Sept 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 Thursday , 29th Sept 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 , not 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