

**DR. DHAIMODKER – IMA FIRST AID TRAINING ACADEMY, PONDA
INDIAN MEDICAL ASSOCIATION – PONDA BRANCH
DR. VALLABH DHAIMODKER FOUNDATION**

**FIRST AID CERTIFICATE COURSE
VENUE: - IMA HOUSE, PONDA, KURTARKAR COMMERCIAL ARCADE, PHASE II,
KAZIWADA, PONDA – GOA. 403 401
Dates : TUESDAY 2ND MAY 23 TO SATURDAY 6TH MAY 2023**

DELEGATE REGISTRATION FORM

To,
Program Officer,
Dr. Dhaimodker – IMA First Aid Training Academy, Ponda,
IMA House, Ponda.

Sir,

I wish to participate / I am deputing the below delegate for “First Aid Certificate Course “ conducted at IMA House, Ponda between Tuesday 2nd May 23 To Saturday 6th May 2023

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 5,000 /- (Rupees Five Thousand only)

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

(VEG / NON-VEG)

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