



Raising Voice Foundation

(A Non-Governmental Organisation) Registration No. – S/2L/40188
Address:-676, Sarat Chatterjee Road, Shibpur Howrah:-711102
Mobile:-7003229345, 9874487942 E-mail:-rvforg@yahoo.com

Registration Form

Name							
Father/ Husband Name							
Date of birth							
Gender	MALE		FEMALE		OTHERS		
Educational Qualification (Minimum Madhyamik)							
Marital Status	Bachelor		Married		Divorce	Widow	
Phone No.							
Guardian Phone No.							
Address							
State							
City					Pin no		

Signature of the Student

Permission Letter

I _____ Father/husband/guardian of
_____, resident of _____
_____, have no objection if she/he take First
AID training from RVF .I am fully aware of the terms and condition of
the internship.

Signature

Term & Condition

1. The Programme will be for one month of FIRST AID Training Internship
2. The time duration will be from 10AM to 12PM on every Saturday And Sunday
3. Students have to be regular in case they remain absent certificate will not be provided.
4. Certificate will be provided (on the last day of the training) as soon as it reach from Delhi H.Q.
5. Student needs to bring a permission letter from their guardian, which is attached with the registration form.
6. The student should reach the centre on time, 15 minutes grace will be given to the trainee in case of delay.
7. Minimum Phone calls, only calls from family members are allowed during the hours of training (silent Mode).
8. The registration money shall not be refunded if in case trainee intends to discontinue the training.
9. The student shall bring basic things which are required during training.
