

**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 Trainee

**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.
2. The time duration will be from 03PM to 05PM on every Saturday and Sunday.
3. Trainee has 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 is recieved from Delhi H.Q.
5. Trainee needs to bring a permission letter from their guardian, which is attached with the registration form.
6. The Trainee 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.

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