



Application for Registration of a Training Program – Institutions – FIRST AID

1. Course Module : Standard – International One Day Other

Course Code: AW SD

2. Course Medium (X) Sinhala Tamil English

3. Participating Group (Number) Employees Others Total

4. District..... City.....

5. Name & address of Institution :

TP:..... email:

6. Officer in charge : Mr./Mrs./Ms.....

Designation: TP :

email

7. Dates of Training : 1. Time : from to

2. Time : from to

8. Date of Examination: Time : from to

9. Number of candidates completed the course:

10. Total Course fee: Rs. Receipt No:

11. Trainers Details:

1. Name: TO No: Status: Main Helper

2. Name: TO No: Status: Main Helper

3. Name: TO No: Status: Main Helper

4. Name: TO No: Status: Main Helper

12. Examiners Details

1. Name: TO No: Status: Main Helper

2. Name: TO No: Status: Main Helper

3. Name: TO No: Status: Main Helper

4. Name: TO No: Status: Main Helper

13. Approval & certification by DC – e format accepted – forward through registered email / WhatsApp

NHQ amount paid on: Date: Amount:

DC Signature

Date