

Affix a passport  
size photograph  
of the  
candidate

**Application Form for Home Health Aide Attendants Course  
(3 months course)**

*(To be filled in bold capital letters, without overwriting, with Black/Blue ball pen. Fill the entire form, including declaration and medical certificate)*

1. Name in Full (in Block letters) : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Mother's Name : \_\_\_\_\_

4. Nationality : \_\_\_\_\_

5. Date & Place of Birth : \_\_\_\_\_

6. Sex:  Male  Female

7. Visible Mark of Identification: 1. \_\_\_\_\_

2. \_\_\_\_\_

8. Educational Qualification : \_\_\_\_\_

9. Total work experience (if any): \_\_\_\_\_

(Specify work)

10. Details of present : \_\_\_\_\_

Occupation/Job

11. Address for Correspondence : \_\_\_\_\_

12. Aadhaar No. : \_\_\_\_\_

13. Name of the Bank and address: \_\_\_\_\_

14. Bank Account No. : \_\_\_\_\_

15. IFSC Code \_\_\_\_\_

16. Telephone No.

: Landline \_\_\_\_\_

: Mobile \_\_\_\_\_

: E-mail \_\_\_\_\_

Signature of the Candidate

Date: \_\_\_\_\_

Place: \_\_\_\_\_

**DECLARATION**

1. I, \_\_\_\_\_ S/o, D/o, W/o \_\_\_\_\_  
hereby declare that the information to the best of my understanding furnished by me is true.
  
2. I also understand that this course trains me in basic Healthcare, First Aid and Basic Life Support only and it does not entitle me to practice as a Doctor/Nurse/Medical Service Provider.
  
3. I am fully aware of the contents of the course and I undertake to perform all duties and responsibilities attached with it with sincerity and dedication.

Signature of witness

Signature of candidate

\_\_\_\_\_  
  
\_\_\_\_\_

Name of Witness:

Address of Witness:

\_\_\_\_\_  
  
\_\_\_\_\_

Date:

Place:

**Medical Certificate**

This is to certify that I have carefully examined  
Mr./Ms./Mrs.....S/o,D/o,W/o.....  
and found him / her medically fit to be trained as a Home Health Care Attendant by the  
Indian Red Cross Society

Name of the Doctor.....  
Registration Number.....

Stamp

Date:

Place: