

INDIAN RED CROSS SOCIETY
AND
ALL INDIA WOMEN'S CONFERENCE

Affix a passport
size photograph
of the
candidate

Application Form for Home Health Care Attendants' Course
(4 months course)

(To be filled in bold capital letters, without overwriting with Black/Blue ball pen)

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. 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 and All India Women's Conference.

Name of the Doctor.....

Registration Number.....

Stamp

Date:

Place: