

"First Aid Training"

<u>Friday, 21st December 2018 I 09:00 Hrs I SIA Conference Hall</u> 202, Radha Krishna Tower, opp. of Patel Petrol pump, Amli, Silvassa, D&NH

REGISTRATION FORM

SIA Membership No. : _____

We nominate the following for the First Aid Training:

SL No	Name	Designation	Company	Email	Mobile
1					
2					
3					
4					
5					

(Please attach additional sheets if required)

FEES: RS. 1500/- per person *ADDITIONAL GST @18%

The DD/Cheque No. ______ for Rs. ______ towards the training fee drawn in favor of **`Silvassa Industries Association'**, payable at Silvassa is enclosed.

Declaration:

I confirm that the details given above are factually correct and are applying to the rules laid down by SIA.

Nominated by

Name	:
Designation	:
Organization	:
Address	:
	:
Telephone Mobile	:
Mobile	: Email:

Kindly send in your Registration Form by e-mail or courier to:

Sonali Sheth	Mob:+91 7044784316
Silvassa Industries Association	Email: Silvassa.sia@gmail.com
202,Radha Krishna Tower,	
Opp. of Patel Petrol Pump, Amli	
Silvassa- 396230	
Dadra and Nagar Haveli	