

## Appendix C

### Application form for registration and approval of the First Aid Training Institutes (See Section 45(3) of the Factories Act, 1948)

1.	Name of the Training Institute	
	Address of the Training Institute	
		Pin-code
	Tel. No. of the Training Institute	
	FAX No. of the Training Institute	
	Email address	
2.	Name the Chairman/ Director	
	Correspondence address of Chairman/ Director	
		Pin-code
	Mobile No of Chairman/ Director	
	Email of Chairman/ Director	
3.	Registration of Institute (attach relevant documents about registration of the Institute)	
4.	Details about faculties (First Aid Trainer) (Submit attested documents regarding Education Qualification, Experience & Letter of consent.)	
	Name	
	Education Qualification	
	Experience	
	Letter of consent as First Aid Trainer	Yes/No
	Mobile No.	
5.	At least two First Aid training assistants having medical knowledge & undergone training in first aid. (Submit attested documents regarding Educational Qualification & Training )	1.Name
		2.Name
6.	Location plan, with building and class room layout (Hall should be minimum 30.0 sq. m. with sufficient light, ventilation and emergency exit facilities)	Yes/No

7.	Facilities available	
	i) LCD Projector	Yes/No
	ii) Sound & Public Address System	Yes/No
	iii) White Board and marker	Yes/No
	iv) Toilet for the participants-separately for Male/Female	Yes/No Yes/No
	v) Practical training facilities Mannequins, Automated External Defibrillator(AED), etc	Yes/No
	vi) Training Videos	Yes/No
	vii) Posters	Yes/No
8.	Details of the course - structure/syllabus/ topics covered (attach separate sheet)	Yes/No
9.	Course duration	
10.	Medium of instruction	
11.	Level of Participants (Workers/Supervisor/Managers)	
12.	Library( Necessary books about first aid. Give details)	Yes/No
13.	Whether any examination would be conducted at the end of the course.	Yes/No
14.	Whether sufficient case study bank is generated for illustration, give details.	Yes/No
15.	Amount of registration fee paid (Attach Online payment challan copy)	

**Name, Signature & Stamp of the  
Chairman/Director**

**Place :**

**Date :**