(affidavit should be submitted on Rs.100/-stamp paper and should be certified by Notary or Executive magistrate)

## **AFFIDAVIT**

I, Sri/Smt Chairm	an /
Director of	te )
Aged years,	
Address	
hereby submit on oath in writing as follows.	
1. I have applied on behalf of(Name of Insti	tute)
for recognition as First Aid Training Institute.	
2. Institute is registered with	
3. Institute has at least one trainer with following educational qualification	ition
& experience	
i. Qualification included in the appendix of Indian Medical Degree	
Act, 1916 or Indian Medical Council Act, 1956.	
ii. Diploma in Industrial Health/AFIH.	
iii. At least 5 years experience in training in First Aid.	
4. Institute has at least two First Aid training assistant having med	dical
knowledge & undergone training in first aid.	
5. Institute has its own / rented place of minimum 30 sq. m. hall and	can
accommodate 30 participants at a time.	
6. Following Equipment's/ facilities necessary for training are availab	le in
the Institute.	
i) LCD Projector facility	
ii) Sound system and Public Address System	
iii) White Board and marker	
iv) Toilet facility to the participants (individual for male/Female)	
v) Facilities for Practical training such as Mannequins, AED, etc	
vi) Training Videos	
vii) Posters	
viii) Library	
I submit that the above said information is true & correct as pe	r my
knowledge and if any information furnished in this affidavit is found to be fa	ulse, I
shall be liable for action against me.	

Date :

Place :

Deponent Name, Signature & Stamp of the Chairman/Director

Witness: