

Consent Letter **(Format)**

I the undersigned Dr.(Name).....
possessing MBBS/MD/MS and DIH/AFIH qualification. I am associated with
..... (Name of Institute)
as a First Aid Trainer. I shall be giving First Aid Training organized by the Institute,
as per guidelines of Government of Karnataka.

The Institute has applied as per section 45 (3) of the Factories Act 1948,
for getting recognition from Government of Karnataka.

Signature & Stamp
(IMC/KMC registration number)