

FIRST AID TRAINING APPLICATION FORM

Register showing the enrolment of trainee (s) in the driving school establishments

1. Name of the trainee with his photograph : _____

2. Son/Wife/daughter of : _____
3. Employed/Non-employed: _____

4. ADDRESS : _____

5. Mobile No : _____
6. Qualification : _____
7. Blood Group : _____
8. Cast : _____
9. Height : _____
10. Date of Birth : _____
11. Class of vehicle for which training imparted : HMV
12. Lerner's license number and date of its expiry (i) _____
(ii) _____
13. Driving license number and date of issue and the licensing authority Which issued the license _____
14. Remarks : _____

Applicant's signature