

THE BOMBAY CITY AMBULANCE CORPS
JAMSETJI TATA AMBULANCE COLLEGE
(Recognised by Government)

APPLICATION FOR ENROLMENT

To, The Commandant, Jamsetji Tata Ambulance College The Bombay City Ambulance Corps Mumbai-400020	for Office Use only Enrolled \ Not Enrolled Course No. B / Roll No. General Register No.
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Sir,

I, the undersigned, desired to be enrolled as a student for the FIRST AID to the Injured Basic Course/ Seminars on _____, to be conducted at the College at above address, from _____20__, and furnish particulars about my career as under :

1. NAME : (BLOCK LETTERS)

(Surname) Own Name Father's / Husband's Name Last / Full

Name in BLOCK LETTERS as it should appear in Certificate (if issued)

Mr. / Miss / Mrs.: _____

2. Date of Birth : _____ Sex : Male / Female _____

3. Occupation : _____

4. Residential Address : _____

Phone No. Mobile : Email id

5. Occupational Address : _____

Phone No. Mobile :

I hereby undertake to observe the discipline of the College. I agree to abide by the decision of the Commandant as regards my enrolment in the above Course. I shall accept as final and binding the decisions of the members of the Faculty of the College and of the Examiners as regards my progress during the Course and its final results.

Date: _____ 20__

Yours faithfully,

THE BOMBAY CITY AMBULANCE CORPS
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REGISTRATION FORM FOR SEMINARS

1. NAME : (BLOCK LETTERS) Mr. / Miss /Mrs.:

(Surname) Own Name Father's / Husband's Name Last / Full

2. Date of Birth : _____ Sex : Male / Female _____

3. Residential Address : _____

Mobile: _____ Email id _____

4. Occupational Address : _____

Place:

Date: _____ 20____

Signature

For Office Use only

Day & Date:

Sr. No

Seminar No. S/

Certificate No.