

# MEDICAL CHARITY SEMINAR

FOR OFFICE USE ONLY

Register Number -----

**PLEASE FILL UP THE FORM AND RETURN TO RECEPTION**

Date -----

Venue of seminar-----

Name-----

Age----- Tick : Male  / Female

Address-----

Phone: Mobile-----

Land: S.T.D. Code-----Number -----

Email -----

Web site-----

**PLEASE TICK YOUR JOB OR SERVICE GIVEN BELOW**

- |                               |                          |                             |                          |
|-------------------------------|--------------------------|-----------------------------|--------------------------|
| 1. Community health volunteer | <input type="checkbox"/> | 11. School Student          | <input type="checkbox"/> |
| 2. Medical charity worker     | <input type="checkbox"/> | 12. College Student         | <input type="checkbox"/> |
| 3. Community health nurse     | <input type="checkbox"/> | 13. General Nursing Student | <input type="checkbox"/> |
| 4. Home nurse                 | <input type="checkbox"/> | 14. BSc Nursing Student     | <input type="checkbox"/> |
| 5. Emergency medical worker   | <input type="checkbox"/> | 15. B.Ed. Student           | <input type="checkbox"/> |
| 6. Social activist            | <input type="checkbox"/> | 16. TTC Student             | <input type="checkbox"/> |
| 7. Palliative care worker     | <input type="checkbox"/> | 17. Bible College Student   | <input type="checkbox"/> |
| 8. Ambulance driver           | <input type="checkbox"/> | 18. Seminary student        | <input type="checkbox"/> |
| 9. Police                     | <input type="checkbox"/> | 19. Others -----            | <input type="checkbox"/> |
| 10. N.C.C.                    | <input type="checkbox"/> |                             |                          |

Description of the course of the student or Class-----

Description of the bettalian of NCC or NIC-----

Description of the Type of Police Service-----

Signature of the Seminar Attendee-----