

Form
(See Section 45(3) and 111-A(ii) of Factories Act, 1948)
Application for seeking registration and approval of the
First Aid Training Institute
from Director, Industrial Safety and Health Maharashtra State, Mumbai

UTN.:

Entity Status :

1 Name of the Training Institute

2 Address of the Training Institute

3 Full name and residential address of the Chairman / Director / Proprietor (along with relevant documents about registration of the Institute)

Full name

Address

4 Contact details

i) Tel. No. of the Training Institute

ii) Fax No. of the Training Institute

iii) Mobile No. of the Directors

iv) E-mail ID

5 Please specify, if location plan along with building and class room layout plans are attached with the application (Application without plans are liable for rejection)

6 Please specify whether

i) LCD projector facility is available

ii) Sound system and Public Address System is available

iii) White board and marker facility available

iv) Toilet facility for the participants is available

v) Details about practical training facility available

vi) Training videos are available

vii) Posters are available

7 Details of the course structure / syllabus / topics covered (attach separate sheet)

8 Course duration (Not less than 3 days)

9 Level of participants (workers / supervisors / managers)

Faculties Details

Faculties Associate Details

Other Information

11 Whether library facilities are available.

If yes, give details.

12 Whether any examination is going to be conducted at the end of the course.

13 Whether sufficient case study bank is generated for illustration. Give details

14 Medium of instruction (language)

Payment Details

Receipt No. /

Receipt Date /

Payment Mode /

Challan/DD/Cheque No. /

Challan/DD/Cheque Date /

Treasury Bank /

Applicable Fees ₹ /

Total Fees to be Paid ₹ /

Fees Paid ₹ /

Name and Signature of the
Chairman / Director

Place :

Date :