



भारतीय प्राथमिक चिकित्सा परिषद  
FIRST AID COUNCIL OF INDIA

# भारतीय प्राथमिक चिकित्सा परिषद FIRST AID COUNCIL OF INDIA

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## INFORMATION CENTER FORM

INSTRUCTIONS : Fill all the sections of form. Incomplete form will be rejected. Administration Head sign every page of the form.

### INFORMATION CENTRE OFFICER DETAIL

- समिति नाम / Society Name (in CAPITAL Letters) : .....
- समिति रजिस्ट्रेशन क्रमांक / Society Registration Number : .....
- समिति का बैंक अकाउंट नं. / Society Bank Account No. : ..... IFSC Code .....
- नाम / Full Name (in CAPITAL Letters) : .....
- पिता का नाम / Father's Name : .....
- जन्म तिथि / Date of Birth :
- लिंग / Sex : Male  Female
- राष्ट्रीयता / Nationality : .....
- पूरा पता / Full Postal Address : .....
- जिला / District : ..... राज्य / State : .....
- पिन कोड / Pin Code :
- अधिकारिक संचार / Official Communication : .....
- टेलीफोन नंबर (एसटीडी कोड के साथ) / Telephone No. (with STD Code) :
- टेली फेक्स / Tele Fax : .....
- मोबाईल नं. / Mobile No. : +91
- ई-मेल / Email : .....

बॉक्स के आकार का फोटो  
यहाँ चिपकाए  
जो सत्यापित न हो।

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हस्ताक्षर

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**AFFIDAVIT OF INFORMATION OFFICER**

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ID Card No. ....and Aadhar Card No. ....

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do here with solemnly declare in this affidavit that I.....

dated at.....run the courses of FIRST AID COUNCIL OF INDIA (FACI)