



भारतीय प्राथमिक चिकित्सा परिषद FIRST AID COUNCIL OF INDIA

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NOMINATION FORM FOR DISTRICT DIRECTOR/STATE DIRECTOR APPOINTMENT

Full Name :

Date of Birth :

Contact Number :

Email Address :

Residential Address :

Professional Background :

Current Occupation/Job Title :

Organization/JSDU Centre Name :

Professional Achievements/Experience Relevant to the Role :

Nomination Details

Position Nominated For [] District Director [] State Director

Reasons for Nomination (Please provide a brief statement outlining your motivation and qualifications for the nominated position)

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Ownership of JSDU Centre

JSDU Centre Name :

Location/Address of JSDU Centre :

Number of Years Owning/Operating JSDU Centre :

Reference

- Name :

- Contact Number :

- Email Address :

Declaration:

I hereby declare that the information provided in this nomination form is true and accurate to the best of my knowledge. I understand the responsibilities associated with the position for which I am being nominated and commit to fulfilling them to the best of my abilities.

Applicant's Signature:

Date:/...../.....

Note: The nominee may be required to attach additional documents such as a detailed resume, letters of recommendation, or any other supporting materials as deemed necessary by the nominating body.

Paste your
recent
Passport Size
Photograph
here