St.John Ambulance (India)

Form A/16

Course_ <u>S.P.F.A</u> Name of the Center				r Pincode of Center					Medium of instruction Kannada/English			
	Class's attendance (dates) from		t	0	Batch ]	No	Cla	ss timing	AM/PM	A	M/PM (Total Hrs)	
Si	Name of the Candidate ( In Capital	x Age		Dates (Candidates Mark their Initial on Every day			very day	ay (No P or A)		Mobile Number	E-Mail & Address	
No	letter)	M/F									(Mandatory)	
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Note:- this attendance sheet should be filled by the candidates. This is a feedback and all candidates should response when he/she will contact .If he/she will fail to response to call, his/her certificate will not be issued from National Headquarters. No further correspondence will be entertained in this regards. All candidates, Lecturer and Examiner should mentioned their contact number and be available to response any call from National headquarters.

## Signature & Name of lecturer with mobile No