

## **ACKNOWLEDGEMENT**

We hereby, on behalf of (Company/Firm's Name):  
read and understood the terms and conditions  
no: IRCS/GSB/DM/FA/2014-15/439 dated 29/12/2014 of the First Aid (Senior Professional ) Training Package of Indian Red Cross Society, Gujarat State Branch, and agree to accept these T&C as stipulated. Necessary arrangement will be made for the training programme as required by Indian Red Cross Society and the full payment towards the training will also be made in advance / Within 15 working days against the bill. We also understand that we will receive the certificate of the Passed candidates after full payment of the Training Programme.

**Training Date:**

**Total Participants:**

**Full Address of the Training Venue/Place:**

**Name of Responsible Person:**

**Name of Company:**

**Designation:**

**Contact No(MO):**

**(O):**

**(Fax):**

**(E Mail):**

Signature with Company Seal