



DISASTER MANAGEMENT IN FIRE SERVICE

FROM 11TH MAY TO 15TH MAY 2026

Attested Passport
size photograph of
the Trainee
Officer

REGISTRATION FORM

1	Name :-	
2	Designation:-	
3	Ministry/Department/Organisation:-	
4	Address of the Organisation:-	
5	Email id of the Organisation:-	
6	Telephone No. of the Organisation:-	
7	Educational Qualification:-	
8	Address of the Trainee Officer:-	
9	Mobile no. of the Trainee Officer:-	
10	Email id of the Trainee Officer:-	
11	Fee Details.:-	
	Date:-	
	₹	

I certify that the above information furnished by me is true to the best of my knowledge and belief.

Signature of applicant

To be certified by Head of Department

This is to certify that the information furnished by Shri/Smt/Ms-----
in the form of application above is correct to the best of our knowledge. He/She is physically
and medically fit to attend the course.

(Signature & Seal of Authorized Official)

Name & full address of the Head of Department

**MEDICAL CERTIFICATE FROM CHIEF MEDICAL OFFICER OF A GOVERNMENT
HOSPITAL TO BE PRODUCED BY CANDIDATES FOR ADMISSION INTO**

SHORT TERM COURSE ON

DISASTER MANAGEMENT IN FIRE SERVICE

FROM 11TH MAY TO 15TH MAY 2026

(TO BE HANDWRITTEN BY THE DOCTOR ISSUING THE CERTIFICATE)

Certified that I, Dr. _____ Regd. No _____ has
examined Shri/Ku/Smt. _____ Son/Daughter of
_____ resident of _____ and found him/her
medically & physically fit to perform practical training on-site & off-site of Disaster
Management in Fire Service Short Term Course.

Signature of Chief Medical Officer

Designation

Stamp:

Office Seal

Place:

Date: