

FORM FA

FORM OF CERTIFICATE SHOWING COMPETENCY IN FIRST AID WORK

[See Rules 6 and 49(d)]

(To be issued by a Medical Officer in Government service not below the rank of the Assistant Surgeon)

No.....

Date:.....

I.....certify that
.....son of
.....aged about.....years is
qualified to use a First Aid box intelligently.

Signature :.....

Full Name :.....

Designation:.....

Kerala Motor Vehicles Department