



St. John Ambulance (India) Indian Red Cross Society



SENIOR (PROFESSIONAL)

A/4-S(P)

[FIRST AID (FA)/ HOME NURSING (HN) / MOTHER CRAFT (MC)
HYGIENE & SANITATION (HS) / MECKENZIE (MS)]

REF. No. [REDACTED]

Date.....

NAME OF CENTRE..... DISTT..... STATE.....

DESCRIPTION OF CLASS..... (Police/Railways/Teachers/Students/
Brigade/Scout/Guides/NCC/Professionals.

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING UP THE FORM

(1) Do not pin or staple or fold or tag the Examination Reports (2) Make separate batch for each subject and each examination.(3) Maximum number of Sheets in a batch should not exceed 10 (4) No certificate will be issued in respect of Incomplete examination report which will be rejected forthwith. (5) Batch Number in 5 Digit to be filled up by State Headquarter in the space provided. (6) Fill information below for "PASSED" Candidate "ONLY". (7) All information is to be filled in "CAPITAL LETTERS" in Black Colour only.

STATE(2)	BATCH NO (5)	SHT. NO (2)	DISTRICT NAME (9)	PIN CODE (6)	SUBJECT (2)		EXAM CD	EXAMINATION DATE (DD/MM/YY)
					FA			
						FA	S	

Sr. No. 01

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Affix Here
2.5cm X 3cm Photo
of Candidate

Signature

Sr. No. 02

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Affix Here
2.5cm X 3cm Photo
of Candidate

Signature

Sr. No. 03

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Affix Here
2.5cm X 3cm Photo
of Candidate

Signature

Sr. No. 04

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Affix Here
2.5cm X 3cm Photo
of Candidate

Signature

Sr. No. 05

Name of Candidate (30 Char.-Capital Letter)

Father/husband Name (30 Char.-Capital Letter)

Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks

Affix Here
2.5cm X 3cm Photo
of Candidate

Signature

No. of Candidates Examined	No. of Candidates Passed

I hereby certify that the candidates whose names are written above have attended the requisite number of lectures.

I hereby certify that the Marks allotted to the candidates whose names are written above have given answers for the tests set as indicated on the form.

Seal & Signature alongwith qualification of Instructor

Seal & Signature alongwith qualification of Surgeon Examiner, Qualifications with full denotations should be reproduced in block letters.

His/Her Registration No.....Valid upto.....
allotted by the NHQ

Residential Address.....

Residential Address.....

Phone No.....(Mob.).....
(with STD Code)

Phone No.....(Mob.).....
(with STD Code)

Supplied Through : **The Stores Officer, St. John Ambulance (India)**, 1 Red Cross Road, New Delhi-110001
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