



# St. John Ambulance (India) Indian Red Cross Society



VOUCHER (V), MEDALLION (M), LABEL (L)  
{FIRST AID (FA)}

A/4-(V)

REF. No. 192109

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 V / M / L	EXAMINATION DATE (DD/MM/YY)
					FA			
						FA		

Sr. No. 01	Name of Candidate (30 Char.-Capital Letter)										Affix Here 2.5cm X 3cm Photo of Candidate
	Father/husband Name (30 Char.-Capital Letter)										
	Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks		

Previous Exam Details if Any (For Voucher Fill SFA No., For Medallion Fill SFA and VFA and for Label Fill SFA, VFA & MFA Nos.)

	Number	D	D	M	M	Y	Y	Centre
SFA								
VFA								
MFA								

Signature

Sr. No. 02	Name of Candidate (30 Char.-Capital Letter)										Affix Here 2.5cm X 3cm Photo of Candidate
	Father/husband Name (Char.-Capital Letter)										
	Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks		

Previous Exam Details if Any (For Voucher Fill SFA No., For Medallion Fill SFA and VFA and for Label Fill SFA, VFA & MFA Nos.)

	Number	D	D	M	M	Y	Y	Centre
SFA								
VFA								
MFA								

Signature

Sr. No. 03	Name of Candidate (30 Char.-Capital Letter)										Affix Here 2.5cm X 3cm Photo of Candidate
	Father/husband Name (30 Char.-Capital Letter)										
	Fracture	Haemorrhage	Artificial Respiration	Stretcher	Hand Seats	Triangular Bandage	Viva Voice Paper	Total Marks	Remarks		

Previous Exam Details if Any (For Voucher Fill SFA No., For Medallion Fill SFA and VFA and for Label Fill SFA, VFA & MFA Nos.)

	Number	D	D	M	M	Y	Y	Centre
SFA								
VFA								
MFA								

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.....

Residential Address.....

allotted by the NHQ

Residential Address.....

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

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

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