



*St. John Ambulance (India)*  
*District Centre.....*

*BASIC FIRST AID TRAINING*  
*FOR DRIVING LICENSE ONLY*

*This is to certify that Mr./Mrs./Miss..... of*  
*.....has attended one*  
*day Basic First Aid Training Course in First Aid held*  
*on.....at.....organized by St. John*  
*Ambulance (India), District Centre,.....*

*This certificate shall be valid till the next renewal of Driving*  
*License.*

*Dated .....20.....*

*District Training Officer*

*Hony. Secretary*