



**ATLS® Provider Course**  
**Indira Gandhi Institute of Medical Sciences, Patna**  
**REGISTRATION FORM - ATLS – INDIA**



Please fill this form and mail it with your non-refundable payment of fee to:

Prof. (Dr) Santosh Kumar  
 Nodal Officer,  
 ATLS Training Programme  
 5<sup>th</sup> Floor, New Medical College  
 IGIMS, Patna  
 Email: [atlsigimspatna@gmail.com](mailto:atlsigimspatna@gmail.com) / [drsantoshigimsortho@gmail.com](mailto:drsantoshigimsortho@gmail.com)  
 Mob. No. 9473191824 / 9431860433

Please give your option for ATLS Provider Course

Option A

Option B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation

Specialty:

Year of Graduation:

Post Graduate Qualification:

Year of Post-Graduation:

Current working Hospital:

Full Address for Communication:

Zip/Postal Code:   
Country:

Work Phone:

Fax:

Mobile:

E-Mail:

Date of any ATLS Provider course attended along with the registration number:

Are you interested in and available for the **instructor course**? (Please note that you must successfully complete the Student Course and be identified as having instructor potential to attend the Instructor Course)

Yes:

No:

Please deposit the fees through online or Bank draft in favor of "**ATLS LAB**" payable at IGIMS, Patna. No form will be accepted without full payment.

For online payment details – Account No: - 7010641975

IFSC CODE: - IDIB000I507

INDIAN BANK, IGIMS BRANCH, PATNA-14

Provide details of Bank Draft No: ..... Dated: ..... Amount: .....

Drawn on: .....

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	Participants from India & SAARC Countries.	Doctors in Govt. Services & Armed forces	Resident Doctors (Govt. Hospitals)	Resident Doctors (Private Hospital)	Other Foreign Nationals
	INR 22000/-	INR 17000/-	INR 12000/-	INR 15000/-	USD 650

§ Submit proof along with the registration form.