

ATLS® Instructor Course, Bangalore

REGISTRATION FORM - ATLS – INDIA

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

Dr. MN Vijai
O I/C ATLS Training Cell
Command Hospital Air Force
Old Airport Road, PO Agram Bangalore-560007
Telephone:-9900398708, 8073185628,
8076649229

Please give your option for ATLS Instructor 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:

Hospital:

Full Address For
Communication:

Zip/Postal Code:

Country:

Work Phone:

Fax:

Mobile:

E-Mail:

ATLS Provider course attended date along with the certificate registration number:

Please deposit fees through **Bank draft in favour of " ATLS TRAINING CELL "** payable at Bangalore **or**

Through Wire Transfer in account NAME - "ATLS TRAINING CELL, Account number: 8412101070999, Canara Bank, Branch Command Hospital Air Force Ext Counter Halasuru, Bangalore , IFSC Code:CNRB0008412.

No form will be accepted without full payment.

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

Signature:

COURSE FEE DETAILS:

ATLS Instructor Course	Doctors from Govt. Hospital & Armed Forces .	Doctors in India & SAARC Countries
		INR 12,000/-

- Submit proof along with the registration form.