

ATLS[®] Instructor Course, CHAFB Bangalore
REGISTRATION FORM - ATLS – INDIA

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

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

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OPTION A

OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

:

Year of Graduation:

Post Graduate Qualification:

Year of Post Graduation:

Working Hospital:

Full Address

For communication:

Zip/Postal Code:

Country:

Work Phone:

Fax:

Mobile:

E-Mail:-

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

Please deposit the fees through Bank Draft in favour of **ATLS TRAINING CELL**

A/c No.- 8412101070999 Canara Bank, IFSC Code: CNRB0008412

No form will be accepted without full payment.

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

Drawn on:

Signature:

COURSE FEE DETAILS:

ATLS Instructor Course Fee Rs. 17,000/-	
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Submit proof along with the registration form.