

ATLS® Instructor Course, KGMU, Lucknow

REGISTRATION FORM - ATLS – INDIA

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

Prof. Vinod Jain
ATLS Training Programme
Room no. 101, Kalam Center
King George's Medical University, UP
Chowk, Lucknow - 226003
Email: vinodjainkgmu@gmail.com, atls@kgmcindia.edu
Mob. No. 09450019566, 9453314651

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:

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 "KGMU ATLS" payable at Lucknow. 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 in Private Hospital Services including Resident & SAARC Countries.	Doctors in Govt. Services including Resident & Armed forces §	Other Foreign Nationals
		INR 15000/-	INR 12000/-

- Submit proof along with the registration form.