

ATLS[®] Provider Course, AIIMS, Jodhpur

REGISTRATION FORM

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

Dr. Sumit Banerjee
Department of Orthopaedics
C block Ground floor, OPD building
AIIMS Jodhpur, Basni Industrial Area
Jodhpur, Rajasthan -342005
Mobile No.: - +91-9910895314/9953771090
E-mail: - atlsjodhpur@gmail.com



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: -

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

Date of ATLS Instructor 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 Bank draft in favor of "ATLS AIIMS Jodhpur", payable at "Jodhpur".

No form will be accepted without full payment.

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

Signature:

COURSE FEE DETAILS:

	Residents and Trainees	Faculty, Consultants and Medical Officers
ATLS Provider Course	Rs. 17,700/-	Rs. 23,600/-

§ **Submit** proof along with the registration form.