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 Orthopa C block Ground floor, C AIIMS Jodhpur, Basni I Jodhpur, Rajasthan -34 Mobile No.: - +91-99108 E-mail: - atlsjodhpur@g	OPD building Industrial Area 2005 95314/9953771090	Paste your recent passport size photograph
Please give your option for A	ATLS Provider Course:	
OPTION A 16-1	8 April, 2020	
OPTION B		
PLEASE PROVIDE THE	E FOLLOWING CONTACT INFORMATION	ON:
Name:		
Title:		
Age:		
Designation:		
Specialty:		
Year of Graduation:		
Post Graduate Qualification		
Year of Post-Graduation:		
Hospital:		
Full Address For communication:		
Zip/Postal Code:		

	Residents and Trainees	Faculty, Consultants and Medical
COURSE FEE DETAIL	S:	
Signature:		
Provide details of Bank Dr	raft No: Dated:	Drawn on:
No form will be accepted	without full payment.	
Please deposit the fees t "Jodhpur".	hrough Bank draft in favor of "A	TLS AIIMS Jodhpur", payable at
	Yes	No
•	· · · · · · · · · · · · · · · · · · ·	Please note that you must successfully extor potential to attend the Instructor
	5 8	
Date of ATLS Instructor c	ourse attended along with the registr	ation number:
Date of any ATLS Provide	er course attended along with the reg	istration number:
E-Mail: -		
Mobile:		
Fax:		
Work Phone:		
Country:		

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

[§] Submit proof along with the registration form.