ATLS® Provider Course, AIIMS, Jodhpur

REGISTRATION FORM

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

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					Paste your recent passport size photograph	
Please give yo	ur option for A	ATLS Provider (Course:			
OPTION A	23 - 2	5 January, 2020		L		
OPTION B						
Г	OVIDE THE	FOLLOWIN	G CONTACT INFOR	RMATIO	N:	_
Name:						_
Title:						_
Age:						
Designation:						_
Specialty:						=
Year of Gradu	uation:					
Post Graduate	e Qualification					_
Year of Post-	Graduation:					=
Hospital:						=
Full Address	1					=
For communi	cation:					
Zip/Postal Co	de:					=

	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
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	5 6	
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.