

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:	<input type="text"/>
Title:	<input type="text"/>
Age:	<input type="text"/>
Designation:	<input type="text"/>
Specialty:	<input type="text"/>
Year of Graduation:	<input type="text"/>
Post Graduate Qualification:	<input type="text"/>
Year of Post-Graduation:	<input type="text"/>
Hospital:	<input type="text"/>
Full Address For communication:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>

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:**

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

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