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 Paste your recent AIIMS Jodhpur, Basni Industrial Area passport size Jodhpur, Rajasthan -342005 photograph Mobile No.: - +91-9910895314/9953771090 E-mail: - atlsjodhpur@gmail.com Please give your option for ATLS Provider Course: **OPTION A** 28 - 30 November, 2023 **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 Provide	er course attended along with the reg	istration number:
D. CATIVOL.		
Date of ATLS Instructor c	ourse attended along with the registr	ation number:
•	available for the Instructor course? (First and be identified as having instruction	Please note that you must successfully ctor potential to attend the Instructor
	Yes	No
Please deposit the fees t "Jodhpur".	hrough Bank draft in favor of "A	TLS AIIMS Jodhpur", payable at
No form will be accepted	without full payment.	
Provide details of Bank Dr	raft No: Dated:	Drawn on:
Signature:		
COURSE FEE DETAIL	S:	
	Residents and Trainees	Faculty, Consultants and Medical

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

[§] Submit proof along with the registration form.