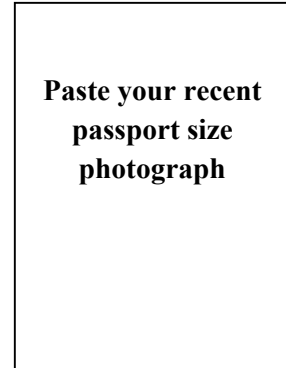


ATLS® Provider Course, New Delhi
REGISTRATION FORM - ATLS – INDIA

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

Prof. M.C Misra
ATLS Program Director
Chief, JPN Apex Trauma Centre
AIIMS, Raj Nagar, New Delhi-110029.
Email: - mcmisra@gmail.com
Fax: - 011-26106826, 9868397701



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:

Working 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 any 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 favour of " **ATLS – India**" payable at Delhi. No form will be accepted without full payment.

Provide details of Bank Draft No: Dated: Amount Rs:

Drawn on:

Signature:

COURSE FEE DETAILS:

| ATLS Provider Course | Participants from India & SAARC Countries. | Doctors in Govt. Services & Armed forces§ | Resident Doctors | Other Foreign Nationals |
|----------------------|--|---|------------------|-------------------------|
| | Rs 20000 | Rs. 15000 § | Rs. 10000 § | USD 600 |

§ Submit proof along with the registration form.