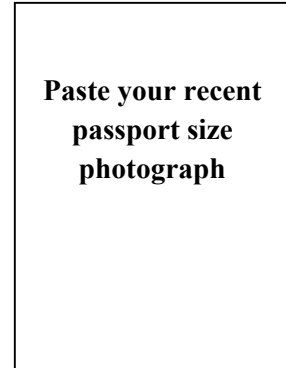


ATLS® Provider Course, New Delhi  
**REGISTRATION FORM - ATLS – INDIA**

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](mailto: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.