ATLS® Provider Course, Adesh Medical College and Hospital, Mohri, Shahbad

## **REGISTRATION FORM - ATLS - INDIA**

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

Dr. Divakar Goyal Adesh Medical College and Hospital, NH -44, Near Ambala Cantt., Village Mohri, Tehsil. Shahbad (M), Haryana-136135 E-mail: traumaamch@ac.in Mob: +91-8800533991				Paste your recent passport size photograph	
Please give yo	our option for A	TLS Provid	ler Course:		
OPTION A					
OPTION B					
PLEASE PR	OVIDE THE	FOLLOW	ING CONTACT INF	ORMATION:	
Name:					
Title:					
Age:					
Designation:					
Specialty:					
Year of Grad	uation:				
Post Graduate	e Qualification:				
Year of Post-	Graduation:				
Current Hosp	oital:				
Full Address	<u>[</u>				
For communication:					
Zin/Postal Ca	l do: [				
Zip/Postal Co	JUC. [				
Country:					

Work Phone:			
Mobile:			
E-Mail:-			
Date of any A	ATLS Provider course attended along with the registra	ation number:	
Date of any A	ATLS Instructor course attended along with the regist	ration number:	
•	rested in and available for the Instructor course? (Plea Student Course and be identified as having Instructor	•	•
	Yes No		
Mode of Fee	payment: Online or Draft. No form will be accepted	without full payment.	
Account No: Branch: SHA	me: Adesh Medical College and Hospital (ATLS) 99900144972012	Bank Name: HDFC B IFSC Code HDFC000 Account Type: Saving il. Shahbad (M, Haryan	96822
Provide detai	ls: Transaction ID:	Date of Payment	
Bank draft i	n favor of "Adesh Medical College and Hospital (A	TLS)" payable at Shah	bad, Haryana
Provide detai	ls: Bank Draft No: Dated:	. Drawn on:	
Candidate S	ignature:		
COURSE FI	EE DETAILS:		
ATLS	Adesh Medical College and Hospital, Candidates	Outside Candidates	
Provider Course	Rs 15000/- for Post Graduate Residents Rs 17000/- for Senior Resident/ Faculty	Rs. 21000/-	