

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 your option for ATLS Provider Course:

OPTION A

6-8 October, 2024

OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post Graduate Qualification:

Year of Post-Graduation:

Current Hospital:

Full Address

For communication:

Zip/Postal Code:

Country:

Work Phone:

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

☐

Mode of Fee payment: Online or Draft. No form will be accepted without full payment.

Online Bank transaction

Account Name: Adesh Medical College and Hospital (ATLS)

Bank Name: HDFC Bank Ltd.

Account No: 99900144972012

IFSC Code HDFC0006822

Branch: SHAHBAD

Account Type: Saving

Bank Address: NH - 44, Near Ambala Cantt., VILL. Mohri, Tehsil. Shahbad (M, Haryana 136135

Provide details: Transaction ID:.....Date of Payment.....

Bank draft in favor of “Adesh Medical College and Hospital (ATLS)” payable at Shahbad, Haryana.

Provide details: Bank Draft No:..... Dated:..... Drawn on:.....

Candidate Signature:.....

COURSE FEE DETAILS:

ATLS Provider Course	Adesh Medical College and Hospital, Candidates	Outside Candidates
	Rs 15000/- for Post Graduate Residents Rs 17000/- for Senior Resident/ Faculty	Rs. 21000/-