

ATLS® Provider Course, Amrita Hospital, Faridabad, Delhi NCR

REGISTRATION FORM - ATLS – INDIA

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

**Dr. Shaloo Garg
Amrita Hospital,
Mata Amritanandamayi Marg,
Sector-88, Faridabad, Haryana-121002
E-mail: atls@fbd.amrita.edu
Mob: +91-8800179070**

**Paste your recent
passport size
photograph**

Please give your option for ATLS Provider Course:

OPTION A

23 – 25 Feb 2024

OPTION B

31 May – 02 Jun 2024

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: Amrita Vishwa Vidyapeetham

Bank Name: ICICI Bank Ltd.

Account No: 732301000964

IFSC Code ICIC0007323

Branch: Sec 79, Faridabad

Account Type: Saving

Bank Address: ICICI Bank Ltd, Sec 79, Faridabad, 121002, Haryana, India

Provide details:

Transaction ID:.....Amount:.....Date of Payment.....

Bank draft in favor of "Amrita Vishwa Vidyapeetham, Faridabad" payable at Delhi.

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

Candidate Signature:.....

COURSE FEE DETAILS:

ATLS Provider Course	Amrita Hospital Candidates	Outside Candidates	Other Foreign Nationals
	Rs 16000/- plus 18% GST	Rs 21000/- plus 18% GST	USD 350