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 you	ır option for A	TLS Provid	ler Course:		
OPTION A	23 – 25 Feb	2024			
OPTION B	31 May – 02	Jun 2024			
PLEASE PR	OVIDE THE	FOLLOW	VING CONTACT INFO	ORMATION:	
Name:					
Title:					
Age:					
Designation:					
Specialty:					
Year of Graduation:					
Post Graduate	Qualification:				
Year of Post-Graduation:					
Current Hospital:					
Full Address For communic	cation:				
Zip/Postal Code:					

Work Phone: Mobile:	Country:	
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. 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:	Work Phone:	
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ATLS	Amrita Hospital Candidates	Outside Candidates	Other Foreign Nationals
Provider			
Course	Rs 16000/- plus 18% GST	Rs 21000/- plus 18% GST	USD 350