

ATLS® Provider Course, Apex Medical Academy, Ahmedabad

REGISTRATION FORM - ATLS- INDIA

PLEASE FILL IN THIS FORM AND MAIL IT WITH YOUR NON-REFUNDABLE PAYMENT OF FEE TO:

Dr. Sanjay Shah
Apex Medical Academy
222-224, Highway Mall
Nr. Satyamev Hospital,
Chandkheda, Ahmedabad, Gujarat
E-mail:apexmedicalacademy@gmail.com
Phone: 9824999538

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Please give your option for ATLS Provider Course:

1. OPTION A

2. OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post-Graduate Qualifications:

Year of Post-Graduation:

Hospital:

Address:

Zip/Postal Code:

Country:

Work Phone:

FAX:

Mobile Phone:

E-mail:

Date of any ATLS provider course attended along with the registration number:

Please deposit the fees 22,000 INR (Twenty-Two Thousand Rupees only) through Bank draft in favour of “Apex Medical Academy” payable at Ahmedabad, Gujarat or cheque payable at par.

For NEFT or Mobile Banking:

A/C: Apex Medical Academy

Bank: Kotak Bank

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