ATCN® Provider Course, AIIMS Rishikesh

REGISTRATION FORM - ATCN - INDIA

Confirm slot availability with Site Incharge before making payment. Please send soft copy of completely filled Application form (with photo), payment screenshot and one soft copy of photo to:

Assista Trauma AIIMS 249203 E-mail Cc: me	@aiimsrishike	Critical Care l ikesh@gmail.com esh.edu.in 25890162			Paste your recent passport size photograph		
Dates for ATC	N Provider C	ourse: (to be chec	ked from atis.in)	L			
First option	30 April -	2 May, 2020					
Second option							
PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:							
Name:							
Title:							
Age:							
Designation:							
Specialty:							
Year of Gradua	ation:						
Post Graduate Qualification:							
Year of Post Graduation:							
Hospital:							
Full Address							
For Communication							

Country: Work Phone: Fax: Mobile: E-Mail:- Date of any ATCN Provider course attended along with the registration number: Date of any ATCN 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 Please deposite the fees through online banking in favour of "Medical Education Cell, AHMS Rishikesh". No form will be accepted without full payment. Bank: Account Name: Medical Education AHMS Account Name: Medical Education AHMS Account No.: 6189000100043376 IFS code: PUNB0618900 Signature:	Zip/Postal Code:				
Fax: Mobile: E-Mail:- Date of any ATCN Provider course attended along with the registration number: Date of any ATCN 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 Please deposite the fees through online banking in favour of "Medical Education Cell, AIIMS Rishikesh". No form will be accepted without full payment. Bank: Punjab National Bank Account Name: Medical Education AIIMS Account No.: 6189000100043376 IFS code: PUNB0618900 Amount	Country:				
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