

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:

Site Incharge

**Dr. Amulya Rattan**  
Assistant Professor  
Trauma Surgery & Critical Care  
AIIMS Rishikesh  
249203 Uttarakhand  
**E-mail:** [atlsaiimsrishikesh@gmail.com](mailto:atlsaiimsrishikesh@gmail.com)  
**Cc:** [me@aiimsrishikesh.edu.in](mailto:me@aiimsrishikesh.edu.in)

**WhatsApp: +91 8425890162**

**Paste your recent  
passport size  
photograph**

**Dates for ATCN Provider Course: (to be checked from atls.in)**

First option

Second option

**PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:**

Name:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post Graduate Qualification:

Year of Post Graduation:

Hospital:

Full Address

For Communication

Zip/Postal Code:

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 deposit 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

Transaction No. _____
Amount _____ Date _____

**Signature:**

**COURSE FEE DETAILS:**

	Indian/ SAARC national	Foreign National	
Nursing Officers	10,000		