## 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. Ar	nulya Rattan	l			
Assista					
Traum	a Surgery & (	Critical Care			D 4
AIIMS	Paste your recent				
249203	passport size				
E-mail	photograph				
Cc: me	e@aiimsrishike	sh.edu.in			
Whats	App: +91 84	25890162			
<b>Dates for ATC</b>	N Provider C	ourse: (to be checl	ked from atls.in)		
First option	17-19 No				
Second option					
PLEASE PRO	OVIDE THE	FOLLOWING C	ONTACT INFOR	RMATION:	
Name:					
Title:					
Age:					
Designation:					
Specialty:					
Year of Gradu	ation:				
Post Graduate	Qualification	:			
Year of Post C	Graduation:				
Hospital:					
Full Address					
For Communic	cation				

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:				
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 Date  Amount Date	Work Phone:				$\dashv$
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