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 | | | | | | | |
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| | mulya Rattan | l | | | | | |
| Assista | | | | | | | |
| Traum | Paste your recent | | | | | | |
| AIIMS | | | | | | | |
| 24920 | passport size | | | | | | |
| | | ikesh@gmail.com | | photograph | | | |
| Cc: me | e@aiimsrishike | sh.edu.ın | | | | | |
| WhatsApp: +91 8425890162 | | | | | | | |
| Dates for ATC | CN Provider Co | ourse: (to be chec | ked from atls.in) | | | | |
| First option | 17-19 September, 2020 | | | | | | |
| Second option | | | | | | | |
| PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION: | | | | | | | |
| Name: | | | | | | | |
| Title: | | | | | | | |
| Age: | | | | | | | |
| Designation: | | | | | | | |
| Specialty: | | | | | | | |
| Year of Gradu | nation: | | | | | | |
| Post Graduate Qualification: | | | | | | | |
| Year of Post Graduation: | | | | | | | |
| Hospital: | | | | | | | |
| Full Address | | | | | | | |
| For Communi | 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: | | | | |
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| | Signature: | | | | |
| COURSE FEE DETAILS: | COURSE FEE DETAIL | | | | |
| Indian/ SAARC Foreign National national Nursing Officers 10,000 | Nursing Officers | national | Foreign N | ational | |