

ATCN ® Provider Course, AIIMS Rishikesh
REGISTRATION FORM - ATLS – INDIA

Please fill this form and mail it with your non-refundable payment of fee to:

Course Coordinator

Dr. Rajesh Kumar

Assistant Professor

College of Nursing

AIIMS Rishikesh

249203 Uttarakhand

E-mail: me@aiimsrishikesh.edu.in

Mob: +91 7055911523

**Paste your recent
passport size
photograph**

Please give your option for ATCN Provider Course:

OPTION A

OPTION B

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 Bank draft/ wire transfer in favour of "**Medical Education Cell, AIIMS Rishikesh**" payable at Rishikesh, Uttarakhand. No form will be accepted without full payment.

Bank: Punjab National Bank
Account Name: Medical Education AIIMS
Account No.: 6189000100043376
IFS code: PUNB0618900

Provide details of Bank Draft No: Dated: Amount Rs.Drawn on:.....

Signature:

COURSE FEE DETAILS:

	Indian/ SAARC national	Foreign National	
Nursing Officers	10,000		