

**Advanced Trauma Care for Nurses ® India
ATCN® Course**

REGISTRATION FORM

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

**Dr. G V Ramana Rao
GVK EMRI, Devar Yamzal,
Medchal Road,
Secunderabad-500 078
Mob:- +91-9000015818
E-mail: - rajanarsingrao_hv@emri.in**

**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:

Qualifications:

Year of Graduation:

Post Graduate Qualification:

Year of Post Graduation:

Working Hospital:

Address:

Zip/Postal Code:	
Country:	
Work Phone:	
Fax:	
Mobile:	
E-Mail:-	

Date of any ATCN® Provider course attended along with the registration number:

--

Please deposit the fees through Bank draft in favor of "**GVK EMRI**", payable in "**Hyderabad**".

Or it can be paid by direct transfer as per the following details.

Name: GVK Emergency Management and Research Institute

Bank Name:State Bank of India **Branch:** Kompally

A/C No. – 30758207320 **SWIFT Code:**SBININBB723 **NEFT/ IFSC Code:** SBIN0011082

No form will be accepted without full payment.

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

Signature:

COURSE FEE DETAILS:

ATCN Provider Course	Rs. 12,000/- + 18% GST
----------------------	-------------------------------

§ **Submit** proof along with the registration form.