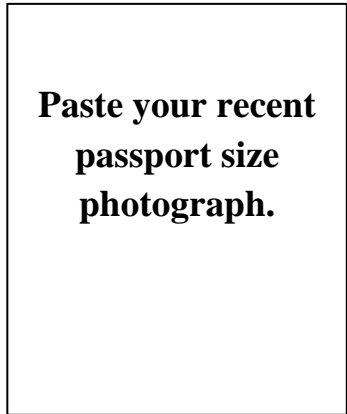


**Advanced Trauma Care for Nurses ® India
ATCN® Course**

REGISTRATION FORM

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

Dr. Sameer Kadam
Director MGM Skills Lab
MGM Skills Lab, 6th Floor,
MGM Hospital, Sector - 1, Kamothe,
Navi Mumbai - 410209
Mob:- 022 - 2743 79 65
E-mail: - skillslabnm@mgsuhs.com



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:

--

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 in favor of "MGM MEDICAL COLLEGE NAVI MUMBAI", payable in "MUMBAI".

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

Name: MGM MEDICAL COLLEGE NAVI MUMBAI

Bank Name: IDBI Bank **Branch:** CBD Belapur **ACCOUNT TYPE:-** Saving Account

A/C No. – 0183104000108348 **SWIFT Code:** IBKLINBB183 **NEFT/ IFSC Code:** IBKL0000183

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/-
----------------------	---------------------

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