

ATLS® Provider Course, BVD to be University, Pune
REGISTRATION FORM

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

**BVDU AHA International Training Center,
First Floor, Bharati Vidyapeeth Deemed to be
University Dental College and Hospital
Bharati Vidyapeeth Education Complex,
Dhankawadi, Pune 411043
Mob: +91- 9371021318
E-mail: ahaitc.bvdu@bharatividyaapeeth.edu**

and atls.bvdu@bharatividyaapeeth.edu

**Paste your recent
passport size
photograph**

Please give your option for ATLS Provider

Course: OPTION A

OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:	<input style="width: 100%;" type="text"/>
Title:	<input style="width: 100%;" type="text"/>
Age:	<input style="width: 100%;" type="text"/>
Designation:	<input style="width: 100%;" type="text"/>
Specialty:	<input style="width: 100%;" type="text"/>
Year of Graduation:	<input style="width: 100%;" type="text"/>
Post Graduate Qualification:	<input style="width: 100%;" type="text"/>
Year of Post Graduation:	<input style="width: 100%;" type="text"/>
Hospital:	<input style="width: 100%;" type="text"/>
Full Address For communication:	<input style="width: 100%; height: 40px;" type="text"/>

Zip/Postal Code

Country:

Work Phone:

Fax:

Mobile:

E-Mail:

Date of any ATLS 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 " **B V D to be University AHA ITC Pune**"

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

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

Name: - B V D to be University AHA ITC Pune

A/c No. – 3265101004444

Bank: - Canara Bank, **Branch:-** Pune

Account Type: - Saving A/C

RTGS / NEFT Code: CNRB0003265

No form will be accepted without full payment.



125881872004444@cnrb

Signature:

COURSE FEE DETAILS:

ATLS Provider Course 1. Interns / Residents 2. Faculty from Bharati Vidyapeeth Deemed University)	Rs. 18000/-	Rs. 3240 (18% GST)	Total Fees Rs. 21,240/-
ATLS Provider Course Participants from India & SAARC Countries	Rs. 19000/-	Rs. 3420 (18% GST)	Total Fees Rs. 22,420/-
ATLS Provider Course Other Foreign Nationals	600 USD		

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