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@bharatividyapeeth.edu

and atls.bvdu@bharatividyapeeth.edu

Please give your option for ATLS Provider

Course: OPTION A 19 - 21 December, 2024

OPTION B

Paste your recent passport size photograph

PLEASE PROVIDE THE FOLLOWING CO	ONTACT INFORMATION:
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Name:			
Title:			
Age:			
Designation:			
Specialty:			
Year of Grad	uation:		
Post Graduate	e Qualification		
Year of Post	Graduation:		
Hospital:	=		
Full Address For communi	cation:		

Zip/Postal Code				
Country:				
Work Phone:				
Fax:				
Mobile:				
E-Mail:				
Date of any ATLS Pr	rovider course att	ended along with	the registration number	:
•			,	that you must successfully ttend the Instructor Course)
Please deposit the	fees through Ba	Yes	No of " B V D to be Univ	versity AHA ITC Pune"
				awn on:
Or it can be paid by				
-		-	U	
Name: - B V D to		THATTC Pune		具態游響源
A/c No. – 326510	1004444			HEAT WATER TO BE
Bank: - Canara B Account Type: -	*	Branch:- Pune		
RTGS / NEFT Cod	le: CNRB000326	65		
No form will be acce	pted without full	payment.		125881872004444@cnrb
Signature:				

COURSE FEE DETAILS:

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

[§] Submit proof along with the registration form.