

ATLS® Provider Course, New Delhi

REGISTRATION FORM - ATLS- INDIA

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

Prof. M. C. Misra
ATLS Program Director
Chief, JPN Apex Trauma Center
AIIMS, Raj Nagar
New Delhi-29
E-mail: mcmisra@gmail.com
Fax: 011-26106826, 9868397701

Paste passport
size Latest
photograph

Please give your option for ATLS Provider Course:

OPTION A

OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post-Graduate Qualifications:

Year of Post-Graduation:

Hospital:

Address:

Zip/Postal Code:

Country:

Work Phone:

FAX:

Mobile Phone:

E-mail:

Date of any ATLS provider course attended along with the registration number:

Date of any ATLS 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 in favour of "ATLS-India" payable at Delhi. No form will be accepted without full payment.

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

Drawn on:

Signature

COURSE FEE:

- For the Course fee, please visit <http://www.atls.in/register.htm>