

ATLS ® INDIA
ATLS® Provider Course,

REGISTRATION FORM

PLEASE FILL IN THIS FORM AND MAIL IT WITH YOUR NON-REFUNDABLE PAYMENT OF FEE TO:

Dr. Sanjay Shah
Apex Medical Academy
222-224, Highway Mall, 2nd Floor,
Opp. Chandkheda Bus Stand,
Chandkheda, Ahmedabad, Gujrat
E-mail: contact@apexmedicalacademy.com
Phone, 079-65251222

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Please give your option for ATLS Provider Course:

- 1. OPTION A
- 2. OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation:

Qualifications:

Year of Graduation:

Post-Graduate Qualifications:

Year of Post-Graduation:

Working Hospital:

Address:

Zip/Postal Code:

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Work Phone:

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

Please deposit the fees through Bank draft in favour of "Apex Medical Academy" payable at Ahmedabad, Gujrat. No form will be accepted without full payment.

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COURSE FEE: please visit the website www.atls.in