

# ATLS<sup>®</sup> Provider Course, Kottayam

## REGISTRATION FORM - ATLS- INDIA

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

**George P. Abraham M.D**

Course Director  
Indian Institute of Emergency Medical Services  
1st Floor, Noya Plaza,  
Kalathippady, Vadavathoor PO  
Kottayam - 686010, Kerala

E-mail: [courses@iiems.org](mailto:courses@iiems.org)

Tel: 0481 3260911 Fax: 0481 2577559

Mob: 9446000485, 9446000472

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 "Indian Institute of Emergency Medical Services - INDIA" *payable at Kottayam, Kerala.*

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>