

ATLS® Provider Course, GVK EMRI, Hyderabad  
**REGISTRATION FORM - ATLS – INDIA**

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

**Dr. G V Ramana Rao**  
**GVK EMRI, Devar Yamzal,**  
**Medchal Road,**  
**Secunderabad-500 078**  
**Mob:- +91-9000015818**  
**E-mail: - rajanarsingrao\_hv@emri.in**



**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 Qualification:

Year of Post Graduation:

Hospital:

Full Address  
For communication:

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 "**GVK EMRI**", payable in "**Hyderabad**".

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

**Name:** GVK Emergency Management and Research Institute

**Bank Name:** Axis Bank Ltd **Branch:** Kompally **Branch Address:** Kompally, Hyderabad-500 014

**Saving A/C No.** – 916010020613843 **NEFT/ IFSC Code:** UTIB0000702

No form will be accepted without full payment.

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

**Signature:**

**COURSE FEE DETAILS:**

ATLS Provider Course	<b>Rs. 28960 (Inclusive of GST)</b>
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§ **Submit** proof along with the registration form.