

ATLS® Provider Course, EMRI Green Health Services, Hyderabad
REGISTRATION FORM

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

Dr. G V Ramana Rao
EMRI GHS, Devar Yamzal,
Medchal Road,
Secunderabad-500 078
Mob:- +91-9552520030/9000015818
E-mail: - rajabharath_kumar@emri.in/ rajanarsingrao_hv@emri.in

Paste your recent
passport size
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 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 **EMRI GHS**, payable in **Hyderabad**.

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

Name: EMRI GREEN HEALTH SERVICES

Bank Name: Axis Bank Ltd **Branch:** Kompally **Branch Address:** Kompally, Hyderabad-500014

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	Rs. 29,500/- (Inclusive of GST)
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§ **Submit** proof along with the registration form.