

ATLS® Provider Course, Healthway Hospital, Goa
REGISTRATION FORM - ATLS – INDIA

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

Dr. Amit Subhash Kalangutkar
Healthway Hospital
Behind People's High School,
Mala, Panjim, Goa-403001
E-mail:atls@healthwayhospitals.com
Mobile: +-91-9923478123
Tel: +91-832-2224966, +91-832-2424966
Fax: +91-832-2424967

**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:-

Kindly attach a photocopy of your state Medical/Dental council registration (Provisional registration for interns)

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 favour of "**Healthway Hospitals Pvt Ltd**" payable at **Panjim, Goa**.

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

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

Name: Healthway Hospitals Pvt Ltd **Bank Name:** Canara Bank **Branch:** Panjim, Goa

A/C No. – 72003070003081 **NEFT/ IFSC Code:** CNRB0000308

No form will be accepted without full payment.

Signature:

COURSE FEE DETAILS:

	Participants from India & SAARC Countries.	Other Foreign Nationals
ATLS Provider Course	Rs 22,000	USD 600