ATLS® Provider Course, New Delhi

REGISTRATION FORM - ATLS – INDIA

Please fill 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
Tel: 0481 3260911 Fax: 0481 2577559
Mob: 9446000485, 9446000472

Paste your recent passport size photograph

Please give your option for ATLS Provider Course:

OPTION A 28 - 30 July, 2016

OPTION B

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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:

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 deposite 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 DETAILS:

	Participants from India & SAARC Countries.	Other Foreign Nationals
ATLS Provider Course	Rs 20000	USD 600