

ATLS® Provider Course, IIEMS Kottayam  
**REGISTRATION FORM**

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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](mailto: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

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:

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 DETAILS:**

	Participants from India & SAARC Countries.	Other Foreign Nationals
ATLS Provider Course	<b>Rs 25000</b>	<b>USD 600</b>