

ATLS® Provider Course, New Delhi

REGISTRATION FORM - ATLS - INDIA

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

Dr. Deep Sharma
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Phone - +91-9489146554
Email- drdeep_sharma@yahoo.com

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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 ☐

No form will be accepted without full payment.

Signature:

ATLS Provider Course	Participants from India & SAARC Countries.	Participants from JIPMER Pondicherry	Other Foreign Nationals
	Rs 20000	Rs 10000	USD 600