

**ATLS® Provider Course, JIPMER, PONDICHERRY**  
**REGISTRATION FORM - ATLS – INDIA**

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

**Dr. Deep Sharma**  
**Associate Professor**  
**Department of Orthopaedics**  
**JIPMER, Pondicherry**  
**Mobile No.:-+91-9489146554**  
**Email: drdeep\_sharma@yahoo.com**

Paste your recent  
passport size  
photograph

**Please give your option for ATLS Provider Course:**

OPTION A	06 - 08 October 2016
OPTION B	

**PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:**

Name:	
Title:	
Age:	
Designation:	
Specialty:	
Year of Graduation:	
Post Graduate Qualification:	
Year of Post Graduation:	
Working 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 favour of "**ATLS JIPMER**" payable at SBI Bank JIPMER Branch, Pondicherry 605006. Or it can be paid by direct transfer as per following details: - **A/C No.-33700309042**, Bank-SBI, JIPMER Branch, Pondicherry 605006, IFSC Code SBIN0002238

No form will be accepted without full payment. Provide details of Bank Draft No:.....

Dated: ..... Drawn On: .....

**Signature:**

**COURSE FEE DETAILS:**

<b>ATLS Provider Course</b>	<b>Participants from India &amp; SAARC Countries.</b>	<b>Participants from JIPMER Pondicherry §</b>	<b>Other Foreign Nationals</b>
	INR 20000/-	INR 15000/-	USD 600

**§ Submit proof along with the registration form.**