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

Additional Professor and Head of Department

Department of Orthopedic Surgery

Jawaharlal Institute of Post Graduate Medical Education & Research (JIPMER)

Pondicherry - 605006

Phone - +91-9489146554

Email- drdeep_sharma@yahoo.com

Paste your recent passport size photograph

Please give your option for ATLS Provider Course:

OPTION A 6-8 December, 2018

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:

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 ☐

No form will be accepted without full payment.

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:

	Participants from India & SAARC Countries.	Participants from JIPMER Pondicherry §	Other Foreign Nationals
ATLS Provider Course	**INR 20000/-**	**Rs 15000/-**	**USD 600**

§ Submit proof along with the registration form.