ATLS® Provider Course, KGMU, Lucknow

REGISTRATION FORM - ATLS – INDIA

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

Prof. Vinod Jain
ATLS Training Programme
Room No. 101, Kalam Centre
King George's Medical University, UP,
Chowk, Lucknow-226003
Email: vinodjainkgmu@gmail.com
Mob. No. 09450019566

Paste your recent passport size photograph

Please give your option for ATLS Provider Course:

OPTION A 4 - 6 August 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:

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: "**KGMU ATLS** " payable at Lucknow . No form will be accepted without full payment. Provide details of Bank Draft No…… Dated: …… Drawn No ……

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	**Participants from India & SAARC Countries.**	**Doctors in Govt. Services & Armed forces §**	**Resident Doctors §**	**Other Foreign Nationals**
	INR 20000/-	INR 15000/-	INR 10000/-	USD 600

§ Submit proof along with the registration form.