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. Samir Misra
ATLS Training Programme 2 nd Floor,Centre for Advance Skills Development
Atal Bihari Vajpayee Scientific Convention Center
King George's Medical University, UP
Lucknow - 226003
Email:drsamirmisra@gmail.com,atls@kgmcindia.edu
Mob. No. 9839036117, 9453314651
Please give your option for ATLS Provider Course
Option A 08-10 February 2024
Option B
PLEASE PROVIDE THE FOLLOWING CONTACTIN FORMATION:
Name:
Title:
Age:
Designation:
Specialty:
Year of Graduation:
Deat Conducto Qualification
Post Graduate Qualification:
Year of Post Graduation:
Hospital:
Full Address For
Communication:
Current working
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/RTGs/NEFT in favour of "KGMU ATLS" payable at Lucknow. No form will be accepted without full payment.					
		•	50321358834, Bank Name an (656,MICR code-226019263	d Branch	
Provide details of B Drawn on:		Dated:	Amount:		
Signature:					
COURS EFEE DETA	ILS:				

Registration Fee	Participants from India & SAARC Countries.	Other Foreign Nationals
ATLS Provider Course	INR 25000/-	USD 700

§ Submit proof along with the registration form.