

**ATLS® Provider Course**  
Manipal Academy of Higher Education (MAHE), Manipal  
**REGISTRATION FORM**

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

Dr Vimal Krishnan S,  
ATLS Site Incharge  
Medical Simulation Centre  
6<sup>th</sup> Floor Health Sciences Library Building  
Manipal Academy of Higher Education (MAHE), Manipal  
Pin 576104  
Email: [sim.centre@manipal.edu](mailto:sim.centre@manipal.edu)  
Tel: 0820 29 23089 Fax: 91 820 2571927  
Mob: 7907953224

**Paste your recent  
passport size  
photograph  
(colour)**

**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-Graduation  
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

Please make the ATLS course payment through the below link

URL: <https://sis.manipal.edu/CertificateCourses.aspx>

No form will be accepted without full payment.

Provide details of transaction No: ..... Dated: ..... Amount Rs.....

**Signature:**

**COURSE FEE DETAILS:**

<b>ATLS Provider Course</b>	<b>Doctors from MAHE*</b>	<b>Doctors in India/ SAARC</b>	<b>Other Foreign Nationals</b>
	<b>Rs 16,000</b>	<b>Rs 25,000</b>	<b>USD 600</b>

**\*Submit** the proof along with the registration form