

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

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
6th Floor Health Sciences Library Building
Manipal Academy of Higher Education (MAHE), Manipal
Pin 576104
Email: 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:

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

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