ATLS® Provider Course, LTM Medical College, Mumbai
REGISTRATION FORM

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

Dr. Vineet Kumar
Assistant Professor,
Department of Surgery
L. T. M. Medical College, Sion, Mumbai
Mobile - +91- 9820231333
Fax: +91-22-24076100
Email- drvineetkumar@gmail.com

Paste your recent passport size photograph

Please give your option for ATLS Provider Course:

OPTION A 9-11 January, 2020

OPTION B

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:

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 deposite the fees through Bank draft in favour of: ' **LIFESUPPORTERS INSTITUTE OF HEALTH SCIENCES ATLS'** payable at Mumbai. No form will be accepted without full payment.

Provide details of Bank Draft No…..… Dated: …… Drawn No ……

Signature:

COURSE FEE DETAILS:

	Participants from India & SAARC Countries.	Other Foreign Nationals
ATLS Provider Course	**Rs 25000**	**USD 600**