## 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

Please give your option for ATLS Provider Course:

Paste your recent passport size photograph

OPTION A	15-17 October, 2020	
OPTION B		

## PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:			
Title:			
Age:			
Designation:			
Specialty:			
Year of Grad	uation:		
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		
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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	Rs 25000	USD 600
Course	13 25000	