

ATLS® Provider Course, Max Healthcare, New Delhi
REGISTRATION FORM - ATLS – INDIA

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

**Max Institute of Medical Excellence
Max Super Speciality Hospital,
1-2 Press Enclave Road,
Saket, New Delhi – 110017
E-mail: Education@maxhealthcare.com
Mob: 8076619892, 8826600461,7818876783**

**Paste your recent
passport size
photograph**

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 Graduate 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 deposit the fees through Bank draft in favor of “**Max Healthcare Institute Limited-India**” payable at Delhi. No form will be accepted without full payment.

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

Online Bank transaction

Company Name: Max Healthcare Institute Ltd., **Bank Name:** ICICI Bank Ltd
Account No: 000705038567 **IFSC Code** ICIC0006614
Bank Address: Shop No.109,110,112,140,142,143,144, Ground Floor, Central DLF City, Phase II, Gurugram, Haryana
Provide details: Transaction ID:.....

After completing the payment please send details to undersigned

Jasmeen, Mob. +91- 8076619892, jasmeen@maxhealthcare.com
Dr. Vanita Mittal, Mob. +91- 9810595053, vanita.mittal@maxhealthcare.com

Candidate Signature:.....

COURSE FEE DETAILS:

ATLS Provider Course	Participants from India & SAARC Countries.	Other Foreign Nationals
	Rs 22000 (GST Inclusive)	USD 350

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