

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



*For online registration please scan the above QR code from your smart phone*

*Or*

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

**Max Institute of Medical Excellence  
Max Super Specialty Hospital,  
1-2 Press Enclave Road,  
Saket, New Delhi – 110017  
E-mail: [Education@maxhealthcare.com](mailto:Education@maxhealthcare.com)  
Mob: 9319144109, 8826600461,  
9810595053**

**Paste your recent  
passport size  
photograph**

**Please give your option for ATLS Provider Course Date as per calendar:**

**PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:**

Name:.....

Age:.....Sex.....

Designation:.....Specialty:.....

Year of Graduation:..... Year of Post-Graduation.....

Post Graduate Qualification:.....

Current Hospital:.....

Address for communication:.....

.....

.....

Country.....PIN/ZIP code.....

Work Phone:.....Mobile:.....

E-Mail: .....

Date of any ATLS Provider course previously attended along with the registration number:

Date of any ATLS Instructor course previously 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**

Gaurav Thapliyal, Mob. +91- 9319144109, [gaurav.thapliyal@maxhealthcare.com](mailto:gaurav.thapliyal@maxhealthcare.com)

Dr. Vanita Mittal, Mob. +91- 9810595053, [vanita.mittal@maxhealthcare.com](mailto:vanita.mittal@maxhealthcare.com)

**Candidate Signature:**.....

**COURSE FEE DETAILS:**

ATLS Provider Course	Participants from India	For SAARC Nationals	For Foreign Nationals
	<b>Rs. 23000 (GST Inclusive )</b>	<b>USD 350</b>	<b>USD 650</b>

*§ Submit proof along with the registration form.*