

ATLS® Provider Course, MGM Medical College, Navi Mumbai

## **REGISTRATION FORM**

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

**Dr. Sameer Kadam**  
**Director MGM Skills Lab**  
**MGM Skills Lab, 6th Floor,**  
**MGM Hospital, Sector - 1, Kamothe,**  
**Navi Mumbai - 410209**  
**Mob:- 022 - 2743 79 65**  
**E-mail: - skillslabnm@mgmuhs.com**

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 "MGM MEDICAL COLLEGE NAVI MUMBAI", payable in "MUMBAI".

Or it can be paid by direct transfer as per the following details.

**Name:** MGM MEDICAL COLLEGE NAVI MUMBAI

**Bank Name:** IDBI Bank      **Branch:** CBD Belapur      **ACCOUNT TYPE:-** Saving Account

**A/C No. –** 0183104000108348      **SWIFT Code:** IBKLINBB183      **NEFT/ IFSC Code:** IBKL0000183

No form will be accepted without full payment.

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

**Signature:**

**COURSE FEE DETAILS:**

ATLS Provider Course	<b>Rs. 25,000/-</b>
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§ **Submit** proof along with the registration form.