

# ATLS® Provider Course, MGUMST, Jaipur

## REGISTRATION FORM

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

**Dr.Ashish Jain Director Critical Care,5<sup>th</sup> Floor SRCC Block,  
Mahatma Gandhi Hospital RIICO Institutional Area,  
Jaipur,302022 Rajasthan  
Email ID: drjainashish79@gmail.com Phone no: 9649148728**

Please give your option for ATLS Provider Course

Option A :

Option B :

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION :

Name :

Title :

Age :

Designation :

pecialty :

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 :

ATLS Provider course attended date along with the certificate registration number:

Please deposit fees through Bank draft in favour of "ATLS MGUMST" payable at Jaipur or Through Wire Transfer in account NAME - "ATLS MGUMST", ACC NO. 8391 101 0000 980, Bank - Syndicate Bank, Branch - MG University, Sitapura, Jaipur, IFSC CODE SYNB0008391

No form will be accepted without full payment. Provide details of Bank Draft

No : ..... Dated : ..... Amount : ..... Drawn on : .....

Signature :

COURSE FEE DETAILS:

ATLS Provider Course Doctors in India & SAARC Countries. Other Foreign Nationals INR 23,600/- USD 600 - Submit proof along with the registration form.

**Contact Person : Anit George, Coordinator**

**Phone : No.91+7891257639 ,91+8619012709**

**Email Id : anit@mgumst.org**