

# 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 :

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 :

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

Please deposit fees through Bank draft in favor of "ATLS MGUMST" payable at Jaipur or Through Wire Transfer in account NAME - "ATLS MGUMST", ACC NO. 83911010000026, Bank - CANARA Bank, Branch - MG University, Sitapura, Jaipur, IFSC CODE CNRB0018391

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:**

**Dr. Ashish Jain, Director ATLS Program**

**Phone No. 91+9649148728, 8890747227,  
9928358321**

**Email Id : [atls@mgumst.org](mailto:atls@mgumst.org)**