

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, 5th 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
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9928358321
Email Id : atls@mgumst.org