ATLS®Provider Course, Manipal Hospital, Bangalore

REGISTRATION FORM

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

Dr. Mabel Vasnaik
Chairperson Accident & Emergency,
Manipal Health Enterprises,
Emergency Department,
Manipal Hospital, HAL Airport Road,
Bangalore 560017
Mob:- +91-9845932624
E-mail: - mabel.vasnaik@manipalhospitals.com

Paste your recent passport size photograph

Please give your option for ATLS Provider Course:

OPTION A	18-20 November 2021
OPTION B	N/A

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 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 favour of **Manipal Health Enterprises Private Ltd,** payable in Bangalore. Or it can be paid by direct transfer as per the following details.

Name: Manipal Health Enterprises Private Ltd
Bank Name: Canara Bank, Manipal Hospital Branch, Airport Road, Bangalore,56 0017.
A/C No. – 04851010000630, **Account type** Current Account **NEFT/ IFSC Code**: CNRB0010485

No form will be accepted without full payment.

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

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	**Rs. 20,000/-**

§ Submit proof along with the registration form.