

ATLS® Provider Course, Medica Superspecialty Hospital, Kolkata
REGISTRATION FORM

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

Department of Academics, 7th Floor, D-Block
Medica Superspecialty Hospital
127 EM Bypass; Mukundapur,
Kolkata, West Bengal -700099
Mob:- +91-9810743371; 9007229742; 9830308598
E-mail: - drakshaygadre@gmail.com, atls@medicahospitals.in

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 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 **via RTGS/ NEFT/IMPS to the following bank details:**

A/C Name – MEDICA HOSPITALS PVT LTD-ACADEMICS AND RESEARCH

Current A/C Number: 022905002676

IFSC Code: ICIC0000229

Bank: ICICI BANK LTD. Branch: TECHNOPOLIS

Bank Address: TECHNOPOLIS BUILDING, GROUND FLOOR, BP-4, SECTOR V, SALT LAKE CITY, KOLKATA, WEST BENGAL 700091

Transaction id.....

COURSE FEE DETAILS:

ATLS Provider Course	For Participants from India Rupees 23,000/- (GST inclusive)	For Defence Personnel and Post Graduate Trainees Rupees 19,000/- (GST inclusive)
	For SAARC Nationals USD 300	For Foreign Nationals USD 600

§ **Submit** proof along with the registration form.

After completing the payment, please mail the scanned copy of the filled form along with the payment details to the undersigned -

Dr. Akshay Gadre, Mob. +91-9810743371; drakshaygadre@gmail.com

Mr. Joseph Antony Mob +91-9007229742; joseph.antony@medicasynergie.in

Department of Academics; atls@medicahospitals.in

Signature with Date: