

# ATLS® Provider Course, NIMS Superspeciality Hospital Jaipur

## REGISTRATION FORM

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

**Dr. Vinay Kumar Singh**

Clinical Director, NIMS Superspeciality Hospital

Delhi - Jaipur Highway, Jaipur

Email ID :- [kneeandhipreplacement@googlemail.com](mailto:kneeandhipreplacement@googlemail.com)

Mobile No. +91 918279731117

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 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 : Srinu Dowluri , Coordinator**

**Email : [Sriinivasan88@gmail.com](mailto:Sriinivasan88@gmail.com)**

**PHONE: 9059146141**