ATLS® Provider Course, Bangalore

REGISTRATION FORM

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

Dr. Aruna C Ramesh
Department of Emergency Medicine,
Ramaiah Memorial Hospital
New Bel Road, Bangalore-560054
Mob:- +91-9740087555
E-mail: - atlsramaiahbangalore@gmail.com

Paste your recent passport size photograph

Please give your option for ATLS Provider Course:

OPTION A | 28 - 30 November, 2024 |

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:

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 favor of "**Department of Emergency Medicine MSRMC RMC"**

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

Or it can be paid by direct transfer as per the following details.

Name:- Department of Emergency Medicine MSRMC RMC **A/c No.** - 89250100015284
Bank:- Bank of Baroda, **Branch**:- MSRIT Yeshwanthapur **Account Type:-** Current A/C
RTGS / NEFT Code: BARB0VJMSRI, **PAN No.:** AAATG1779Q

No form will be accepted without full payment.

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	**Rs. 27,500/- (Inclusive of GST)/-**

§ Submit proof along with the registration form.