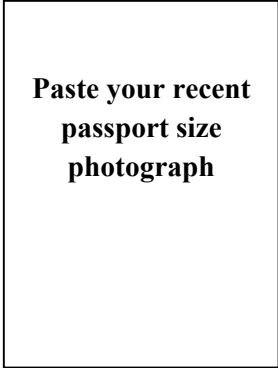


ATLS® Provider Course, New Delhi
REGISTRATION FORM - ATLS – INDIA

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

**Advance Trauma Life Support
Training Programme,
Trauma Care Centre, 6th floor
Dr. Ram Manohar Lohia hospital
New Delhi-110001
E-mail: atlsrml@gmail.com
Fax:- 011-23365509
Tel:- 011-2340 4707 , 23365509
09868628127, 09811784287, 9868166231.**



Please give your option for ATLS Provider Course:

OPTION A

OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:	<input type="text"/>
Title:	<input type="text"/>
Age:	<input type="text"/>
Designation:	<input type="text"/>
Specialty:	<input type="text"/>
Year of Graduation:	<input type="text"/>
Post Graduate Qualification:	<input type="text"/>
Year of Post Graduation:	<input type="text"/>
Hospital:	<input type="text"/>
Full Address For communication:	<input type="text"/>

Zip/Postal Code:

Country:

Work Phone:

Fax:

Mobile:

E-Mail:-

Date of any ATLS Provider course attended along with the registration number:

Date of any 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 favor of "**Advance Trauma Life Support Training Programme**" payable at New Delhi. No form will be accepted without full payment.

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

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	Participants from India & SAARC Countries.	Doctors in Govt. Services & Armed forces §	Resident Doctors	Other Foreign Nationals
	Rs 20000	Rs. 15000 §	Rs. 10000 §	USD 600

§ Submit proof along with the registration form.