## 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.

Paste your recent passport size photograph

Please give your option for ATLS Provider Course:

OPTION A 13-15 November 2014 OPTION B

## PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:		
Title:		
Age:		
Designation:		
Specialty:		
Year of Grad	uation:	
Post Graduat	e Qualification	
Year of Post	Graduation:	
Hospital:		
Full Address For commun		

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 <b>Programme''</b> payable at New Delhi. No form		

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

Signature:

## **COURSE FEE DETAILS:**

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

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