

ATLS® Provider Course, New Delhi  
**REGISTRATION FORM**

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

**Advance Trauma Life Support  
Training Programme,  
Trauma Care Centre, 6<sup>th</sup> floor  
Dr. Ram Manohar Lohia hospital  
New Delhi-110001  
E-mail: atlsrml@gmail.com  
Fax:- 011-23365509  
Tel:- 011-2340 4707 , 23365509  
09873674895, 09811784287.**

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 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 for Doctors**" 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 21500	Rs. 16500 §	Rs. 11500 §	USD 600

§ Submit proof along with the registration form.

**Account Details**

Account Name : Advance Trauma Life Support Training Programme for Doctors  
 Account No. : 26020100011146  
 MICR CODE : 110012061  
 IFSC : BARB0RAMDEL (Fifth character is a zero)