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

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_{th} 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	Mar 23-25, 2023
OPTION B	

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:	
Title:	
Age:	
Designation:	
Specialty:	
Year of Graduation:	
Post Graduate Qualificatio	n
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 o	f "Advance Ti	auma L	ife 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:

	Participants from India	Doctors in Govt.	Resident Doctors	Other Foreign
ATLS	& SAARC Countries.	Services & Armed		Nationals
Provider		forces §		
Course				
	Rs 21500	Rs. 16500 §	Rs. 11500 §	USD 600
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§ 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 : BARBORAMDEL (Fifth character is a zero)