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, 6th 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 | Dec 12-14, 2024 |
| OPTION B | N/A |

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**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)