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 Sep 19-21, 2024

OPTION B Oct 17-19, 2024

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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)