# ATLS® Provider Course, SCHS Pune

# REGISTRATION FORM

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

**Symbiosis Centre for Health Skills (SCHS)**
**Symbiosis International (Deemed University) Campus**
**Hill-Base, Village-Lavale, Taluka-Mulshi,**
**Dist - Pune - 412115**
**Phone no. 020-66975029**
**Email- pgdems@schs.edu.in**

**Paste your recent passport size photograph**

**Please give your option for ATLS Provider Course:**

| | |
|---|---|
| OPTION A | 22-24 August, 2024 |
| OPTION B | 17-19 October, 2024 |

**PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:**

| | |
|---|---|
| Name: | |
| Title: | |
| Age: | |
| Designation: | |
| Specialty: | |
| Year of Graduation: | |
| Post Graduate Qualification | |
| Year of Post Graduation: | |
| Working Hospital: | |
| Full Address<br>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 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 **via RTGS/ NEFT/IMPS: on below mentioned bank details:**

**A/C Name – Symbiosis Centre for Health Skills (SCHS)**

**Account No. : 050310210000118**

**IFSC Code. : BKID0000503**

**Bank of India, Karve Road Branch**

**Savings Account** **or**

**Visit: www.schs.edu.in**

**COURSE FEE DETAILS:**

| | Participants from India & SAARC Countries. | Other Foreign Nationals |
|---|---|---|
| ATLS Provider Course | **Rs 22,520** | **USD 600** |

**Signature:**