

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

OPTION B

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

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:

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

Signature: