



ATLS® Provider Course.
Indira Gandhi Institute of Medical Sciences, Patna
REGISTRATION FORM - ATLS – INDIA

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

Prof. (Dr) Santosh Kumar
 Nodal Officer,
 ATLS IGIMS
 5th Floor, New Medical
 College IGIMS, Patna -14
 Email: atlsigimspatna@gmail.com
drsantoshigimsortho@gmail.com
 Mob. No. 9473191824
 9431860433

Dr Ritu Singh
 Associate Professor,
 Critical Care Medicine
 ATLS Faculty
 IGIMS, Patna -14
 Email: ritusingh140@gmail.com
 Mob. No. 8127395753

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:

Current 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:

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 online or Bank draft in favor of "**ATLS LAB**" payable at IGIMS, Patna. No form will be accepted without full payment.

For online payment details – Account No: - 7010641975

IFSC CODE: - IDIB000I507

INDIAN BANK, IGIMS BRANCH, PATNA-14

Provide details of Bank Draft No: Dated: Amount:

Drawn on:

NEFT/RTGS No.-.....Dated:-.....Amount:.....

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	Participants from India (Pvt. Hospital) & SAARC Countries.	Doctors in Govt. Services & Armed forces	Resident Doctors (Govt. Hospitals)	Resident Doctors (Pvt. Hospital)	Other Foreign Nationals
	INR 25000/-	INR 20000/-	INR 15000/-	INR 18000/-	USD 700

§ Submit proof along with the registration form.