

ATLS® Provider Course,
GITAM Institute of Medical Sciences and Research, Visakhapatnam, Andhra Pradesh

REGISTRATION FORM

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

GITAM Institute of Medical Sciences and Research
GITAM (Deemed to be University)
Gandhi Nagar, Rushikonda,
Visakhapatnam, Andhra Pradesh 530045
Mob:- +91-7674014376
E-mail: - dbanna@gitam.edu

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:

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 to the following bank details:**

A/C Name – GITAM INSTITUTE OF MEDICAL SCIENCES AND RESEARCH HOSPITAL RECEIPTS A/C

Current A/C Number: 534301010035044

IFSC Code: UBIN0576131

Bank: UNION BANK OF INDIA

Branch: GIMS

Transaction id.....

COURSE FEE DETAILS:

ATLS ProviderCourse	Rupees 29,500/- (25,000/- +18 % GST)
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§ **Submit** proof along with the registration form.

After completing the payment, please mail the scanned copy of the filled form along with the payment details to the undersigned -

Signature with Date: