

ATLS® Instructor 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, 9868166231**

Paste your recent
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Please give your option for ATLS Instructor 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 ATLS Provider course attended along with the registration number:

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Please deposit the fees through Bank draft in favor of "**Advance Trauma Life Support Training Programme**" 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 Instructor Course	Rs. 14,000/-
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§ **Submit** proof along with the registration form.