

ATLS® Provider Course, AIIMS Rishikesh
REGISTRATION FORM

Please fill this form and send 1) soft copy with 2) payment screenshot of fee (non-refundable) and 3) digital pic to:

Course Coordinator

Dr. Amulya Rattan
Assistant Professor
Trauma Surgery & Critical Care
AIIMS Rishikesh
249203 Uttarakhand
E-mail: me@aiimsrishikesh.edu.in
Cc to: maheshpall28@gmail.com

Mob: +91 8800647966

**Paste your recent
passport size
photograph**

Dates for ATLS Provider Course: (to be checked from atls.in)

First option

Second option

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:	<input type="text"/>
Title:	<input type="text"/>
Age:	<input type="text"/>
Designation:	<input type="text"/>
Specialty:	<input type="text"/>
Year of Graduation:	<input type="text"/>
Post Graduate Qualification:	<input type="text"/>
Year of Post Graduation:	<input type="text"/>
Hospital:	<input type="text"/>
Full Address	<input type="text"/>
For Communication	<input type="text"/>

Zip/Postal Code:

Country:

Work Phone:

Fax:

Mobile:

E-Mail:-

Date of any ATLS Provider course attended along with the registration number:

Date of any 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 through online banking in favour of "**Medical Education Cell, AIIMS Rishikesh**". No form will be accepted without full payment.

Bank: Punjab National Bank
Account Name: Medical Education AIIMS
Account No.: 6189000100043376
IFS code: PUNB0618900

Signature:

COURSE FEE DETAILS:

	Indian/ SAARC national	Foreign National	
Faculty/ Practising Doctors	20,000	USD 600	
Non Academic Senior Residents	20,000		
Academic Senior Residents	15,000		
Academic Junior Residents	12,000		