ATLS® Provider Course, AIIMS Rishikesh REGISTRATION FORM - ATLS – INDIA

Confirm slot availability with Site Incharge before making payment. Please send soft copy of completely filled Application form (with photo), payment screenshot and one soft copy of photo to:

Site Incharge

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

Paste your recent passport size photograph

WhatsApp: +91 8800647966

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

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:	
Title:	
Age:	
Designation:	
Specialty:	
Year of Graduation:	
Post Graduate Qualificatio	n:
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 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 deposite 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	Turnersting		
Account Name:	Medical Education AIIMS	I ransaction N	Transaction No.	
Account No.:	6189000100043376			
IFS code:	PUNB0618900			
		Amount	Date	

Signature:

COURSE FEE DETAILS:

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