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 Ra			
Assistant Profes	ssor		
Trauma Surgery	D4		
AIIMS Rishikes	Paste your recent		
249203 Uttarak	hand		passport size
E-mail: atlsaiim	srishikesh@gmail.com		photograph
Cc: me@aiimsri	shikesh.edu.in		
WhatsApp: +9	1 8800647966		
Dates for ATLS Provide	er Course: (to be check	xed from atls.in)	
First option 12	2-14 March, 2020		
Second option]	
PLEASE PROVIDE T	HE FOLLOWING C	ONTACT INFORMATION:	
Name:			
Title:			
Age:			
Designation:			
Specialty:			
Year of Graduation:			
Post Graduate Qualifica	ation:		
Year of Post Graduation	n:		
Hospital:			
Evil Adduses			
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 cours	e attended along with the	e registration	number:		
,					
Are you interested in and available Student Course and be identified as				successfully complete the	
the Instructor Course).	Yes			No	
Please deposite the fees through on	line banking in favour of	f"Medical E	Education Cell, A	IIMS Rishikesh". No form	
will be accepted without full paym	ent.				
Bank:	Punjab National Bank		T ()	т	
Account Name:	Medical Education AIIMS Transaction No.				
Account No.:	6189000100043376				
IFS code:	PUNB0618900		Amount	Date	
Signature:					
COURSE FEE DETAILS:					
	Indian/ SAARC Foreign		ational		
	national				
Faculty/ Practising Doctors	20,000				
Non Academic Senior Residents	20,000	LICD (00			
Academic Senior Residents Non Academic Junior Residents	15,000		SD 600		
Academic Junior Residents Academic Junior Residents	12.000	-			