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

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

Site Incharge

Dr. Ajay Kumar Associate Professor Trauma Surgery AIIMS Rishikesh 249203 Uttarakhand E-mail: <u>atls@aiimsrishikesh.edu.in</u> Cc: <u>doc.ajaykumar@gmail.com</u>

Paste your recent passport size photograph

WhatsApp: +91 9911858702

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

First option	April 28 - 30, 2022
Second option	

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:	
Title:	
Age:	
Designation:	
Specialty:	
Year of Graduation:	
Post Graduate Qualifica	tion:
Year of Post-Graduation	1:
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:						
5	ble for the Instructor course? (Please) I as having instructor potential to atten	note that you must successfully complete the nd				
the Instructor Course).	Yes	No				
Please deposite the fees through payment.	online banking in favour of ''AIIMS	Rishikesh". No form will be accepted without full				
Bank: Account Name: Account No.: IFSC code:	Punjab National Bank ATLS Account 6189000100071865 PUNB0618900	Transaction No.				
		AmountDate				

Signature:

COURSE FEE DETAILS:

	Indian/ SAARC	Foreign National	
	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		

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