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					
	jay Kumar				
	iate Professor				
Trauma Surgery					Paste your recent
AIIMS Rishikesh					=
249203 Uttarakhand					passport size
	l: atls@aiimsri				photograph
Cc:_de	oc.ajaykumar@	gmail.com			
Whats	sApp: +91 99	11858702			
Dates for ATI	LS Provider Co	ourse: (to be check	ed from atls.in)		
First option	Aug 25 - 27, 2	2022]		
Second option]		
PLEASE PRO	OVIDE THE	FOLLOWING CO	ONTACT INFO	RMATION:	
Name:					
Title:					
Age:					
Designation:					
Specialty:					
Year of Gradu	ation:				
Post Graduate	Qualification:				
Year of Post-	Graduation:				
Hospital:	Γ				
Full Address	-				
For Communic	cation				

Zip/Postal Code:				
Country:				
Work Phone:				
Fax:				
rax.				
Mobile:				
E-Mail:-				
Date of any ATLS Provider course	e attended along with the reg	gistration number:		
		-		
Date of any ATLS Instructor cours	se attended along with the re	egistration number:		
Are you interested in and available Student Course and be identified a			cessfully complete the	
		to attend		
the Instructor Course).	Yes		No	
Please deposite the fees through o	nline banking in favour of ".	AIIMS Rishikesh". No form	will be accepted without full	
payment.				
Bank:	Punjab National Bank	Transaction	AT _a	
Account Name:	ATLS Account	Transaction	Transaction No.	
Account No.:	6189000100071865			
IFSC code:				
		Amount	Date	
Signature:				
COURSE FEE DETAILS:		E ' M. ' 1		
	Indian/ SAARC national	Foreign National		
Faculty/ Practising Doctors	20,000		+	
Non Academic Senior Residents	20,000			
Academic Senior Residents 20,000 Academic Senior Residents 15,000		USD 600		
Non Academic Junior Residents	15,000			
Academic Junior Residents 12,000				