

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. Madhur Uuiyal
Associate Professor
Trauma Surgery
AIIMS Rishikesh 249203
Uttarakhand
E-mail: atls@aaimsrishikesh.edu.in

**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:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post Graduate Qualification:

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 deposit the fees through online banking in favour of "AIIMS Rishikesh". No form will be accepted without full payment.

Bank: Punjab National Bank
Account Name: ATLS Account
Account No.: 6189000100071865
IFSC code: PUNB0618900

Transaction No.

Amount _____ Date _____

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	Residents and Trainees	Faculty, Consultant and Medical Officers
	Rs. 17,700/-	Rs. 23,600/-

Submit Proof along with the registration from.