

**Advanced Trauma Care for Nurses ® India
ATCN®Course**

REGISTRATION FORM

Please fill this form and mail it with your non-refundable payment of fee to:

Prof. Vinod Jain
ATLS Training Programme
Room No. 101, Kalam Centre
King George's Medical University, UP,
Chowk, Lucknow-226003
Email: vinodjainkgmu@gmail.com
Mobile No.:- 09450019566

Paste your recent
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Please give your option for ATCN Provider Course:

OPTION A

OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation:

Qualifications:

Year of Graduation:

Post Graduate Qualification:

Year of Post Graduation:

Working Hospital:

Address:

Zip/Postal Code:	
Country:	
Work Phone:	
Fax:	
Mobile:	
E-Mail:-	

Please deposit the fees through Bank draft in favour of “KGMU ATLS” payable at Lucknow. No form will be accepted without full payment.

Provide details of Bank Draft No:-..... Dated:-..... Drawn On:-.....

Signature:

COURSE FEE:

Course Fee			
•	<table border="1"> <tr> <td>ATCN Provider Course</td> <td>INR 10000/-</td> </tr> </table>	ATCN Provider Course	INR 10000/-
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