

ATLS® Provider Course, KGMU, Lucknow

REGISTRATION FORM - ATLS – INDIA

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 Center
King George's Medical University, UP
Chowk, Lucknow - 226003
Email: vinodjainkgmu@gmail.com, atls@kgmcindia.edu
Mob. No. 09450019566, 9453314651

Please give your option for ATLS Provider Course

Option A

Option B

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:

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 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: Amount:
Drawn on:

Signature:

COURSE FEE DETAILS:

| ATLS Provider Course | Participants from India & SAARC Countries. | Doctors in Govt. Services & Armed forces | Resident Doctors (Govt. Hospitals) | Resident Doctors (Private Hospital) | Other Foreign Nationals |
|-------------------------------------|---|---|---|--|--|
| | INR 22000/- | INR 17000/- | INR 12000/- | INR 15000/- | USD 650 |

§ Submit proof along with the registration form.