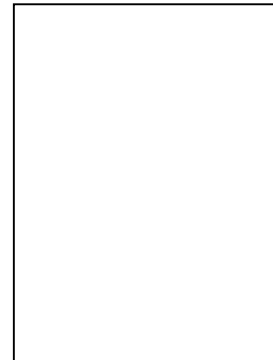


ATLS® Provider Course, KGMU, Lucknow

**REGISTRATION FORM-ATLS-INDIA**

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

Prof. Samir Misra  
ATLS Training Programme  
2<sup>nd</sup>Floor, Centre for Advance Skills Development  
Atal Bihari Vajpayee Scientific Convention Center  
King George's Medical University, UP  
Lucknow - 226003  
Email: [drsamirmisra@gmail.com](mailto:drsamirmisra@gmail.com), [atls@kgmcindia.edu](mailto:atls@kgmcindia.edu)  
Mob. No. 9839036117, 9453314651



Please give your option for ATLS Provider Course

Option A

Option B

PLEASE PROVIDE THE FOLLOWING CONTACTIN FORMATION:

Name:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post Graduate Qualification:

Year of Post Graduation:

Hospital:

Full Address For  
Communication:

Current working  
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/RTGs/NEFT in favour of "KGMU ATLS" payable at Lucknow. No form will be accepted without full payment.

Bank details – Account Name-‘KGMU ATLS’, Account No.-50321358834, Bank Name and Branch – Indian Bank, KGMC, Lucknow Branch, IFSC Code–IDIB000K656, MICR code-226019263

Provide details of Bank Draft No:.....Dated:.....Amount:.....  
Drawn on:.....

Signature:

COURS EFEE DETAILS:

<b>Registration Fee</b>	<b>Participants from India &amp; SAARC Countries.</b>	<b>Other Foreign Nationals</b>
<b>ATLS Provider Course</b>	INR 25000/-	USD 700

§ Submit proof along with the registration form.