

ATLS® Provider Course, K.S. Hegde Medical Academy, Mangalore

REGISTRATION FORM

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

Dr. Rebeka Rajeshpal Thaman
Assistant Professor, Department of General Surgery
K.S. Hegde Medical Academy,
Mangalore: 575018, Karnataka, India.
Mobile No.: - +91 8861794464
E-mail: - atls@nitte.edu.in

**Paste your recent
passport size
photograph**

Please give your option for ATLS Provider Course:

OPTION A

OPTION B

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:	<input type="text"/>
Title:	<input type="text"/>
Age:	<input type="text"/>
Designation:	<input type="text"/>
Specialty:	<input type="text"/>
Year of Graduation:	<input type="text"/>
Post Graduate Qualification:	<input type="text"/>
Year of Post-Graduation:	<input type="text"/>
Hospital:	<input type="text"/>
Full Address For communication:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Country:	<input type="text"/>

Work Phone:	
Fax:	
Mobile:	
E-Mail: -	

Date of any ATLS Provider course attended along with the registration number:

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Date of ATLS Instructor course attended along with the registration number:

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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 favor of “**NITTE (Deemed to be University)**”, payable at “**Mangalore**”.

No form will be accepted without full payment.

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

b) By NEFT/RTGS to:

Account name: NITTE (Deemed to be University)

Bank name: Canara Bank, ABSMIDS Branch

Current A/c number: 02452200037956

IFSC code: CNRB0010245

Branch code: 0245

Signature:

COURSE FEE DETAILS:

ATLS Provider Course	Doctors from K.S. Hegde Medical Academy:	Doctors in India/SAARC Countries:	Other Foreign Nationals
	Rs. 17,500/-	Rs. 25,000/-	USD 600

§ **Submit** proof along with the registration form.