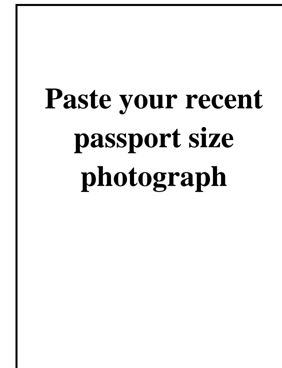
ATLS® Provider Course, CMC, Vellore

REGISTRATION FORM - ATLS – INDIA

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

Dr. Joses Dany James
Department of Trauma Surgery,
Christian Medical College, Vellore,
Ranipet Campus, Dist. Ranipet, Tamil Nadu- 632517
E-mail: atls@cmcvellore.ac.in
Phone No.: 04172 224626/ 04172 224630



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:

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 ☐

Mode of Fee payment: Online or Draft

Online Bank transaction

Account Name: CMC Vellore Association
Account No: 41150110426
Branch with Code: Ranipet Campus (064060)

Bank Name: State Bank of India
IFSC Code SBIN0064060
Account Type: Current Account

Provide details: Transaction ID:…………………………………………………

Bank draft in favor of **"CMC VELLORE ASSOCIATION"** payable at Ranipet, Tamil Nadu.
No form will be accepted without full payment.

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

Candidate Signature:…………………….

COURSE FEE DETAILS:

ATLS Provider Course	**Rs 25,000/- plus 18% GST**

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