

ATLS<sup>®</sup> Provider Course, AIIMS, Bhopal  
**REGISTRATION FORM - ATLS – INDIA**

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

**Dr. Manoj Nagar**  
**Assistant Professor**  
**Trauma Area, Ground Floor**  
**Department of Trauma and Emergency Medicine**  
**AIIMS, Bhopal-462020**  
**E-mail: manojnagar1980@gmail.com**  
**Mobile: ++91-9039200420**

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:

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:-

**Kindly attach a photocopy of your state Medical/Dental council registration (Provisional registration for interns)**

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.



Please deposit the fees through Bank draft in favour of "ATLS AIIMS BHOPAL" payable at **AIIMS, Madhya Pradesh.**

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

Or it can be paid by direct transfer as per the following details.

**Name:** ATLS AIIMS BHOPAL **Bank Name:** Bank of Baroda **Branch:** AIIMS, Madhya Pradesh

**A/C No. –** 45340100004645 **NEFT/ IFSC Code:** BARB0AIIMSX

No form will be accepted without full payment.

**Signature:**

**COURSE FEE DETAILS:**

	<b>Residents and Trainees</b>	<b>Faculty, Consultants, and Medical Officers</b>	<b>Other Foreign Nationals</b>
ATLS Provider Course	Rs 19,500/-	Rs 24,500/-	USD 600