



## REGISTRATION FORM BASIC LIFE SUPPORT ADVANCE CARDIAC LIFE SUPPORT

Venue: B J Medical College, Civil Hospital, Ahmedabad.

BLS Only 22 March 2018

BLS-ACLS Both 22-23-24 March 2018

NAME :  Pl. Attached Copy of Photo ID

SURNAME

NAME

FATHER'S / HUSBAND'S NAME

GENDER :  Male  Female Date of Birth

ADDRESS :   
 PIN

QUALIFICATION :

PRESENT EMPLOYMENT :

PREFERRED NAME FOR BADGE & CERTIFICATE :

MOBILE :  E-MAIL :

CASH : / A'bad Cheque Demand Draft:  DATE :  BANK :

AMOUNT Rs. :  SIGNATURE :

Cash/RTGS/NIFT Payment favoring "Academy of Traumatology (India)" at Central Bank of India, Gulbai Tekra Branch, A'bad.

A/c. No. 3023228430, RTGS: CBIN0281629 MICR: 380016011

BLS ₹ 2500/- ACLS ₹ 6500 Both ₹ 9000/-#

Renewal: BLS ₹ 1500/- BLS/ACLS Both ₹ 6500/-\*

#No Refund Against Cancellation

Registration does not guarantee passing in the course.

Send duly filled registration form with payment cheque/ Demand Draft in the name of "ACADEMY OF TRAUMATOLOGY (INDIA)" payable at Ahmedabad to:

### Academy of Traumatology (India)

504, Sangita Complex, Opp. Doctor House, Nr. Parimal Rly. Underpass, off. C. G. Road, A'bad-6

Tele/Fax: 079-2640 4977, Cell: 093270 81216,

Email: [contact@indiatrauma.org](mailto:contact@indiatrauma.org)

Website: [www.indiatrauma.org](http://www.indiatrauma.org)

#### DISCLAIMER

In unforeseen circumstance it is possible that some or all faculty members invited at BLS/ACLS may not be able to attend the course or candidates registrations are below 20. In such even Course organizers reserve the right to cancel, modify or replace the programme or session as found appropriate under the circumstances.

#### FOR OFFICIAL USE ONLY

Receipt No.....Date .....  
Book Issued : ACLS on .....  
Book Issued : BLS on .....  
Sign of recipient .....

\*No Books for renewal

Please photocopy this form for additional Registration.