



## 7<sup>th</sup> IAP Basic Life Support (BLS) Provider Course



### IAP Center for CPR Training, Department of Pediatrics, AIIMS-Patna Registration Form

\*Please print clearly / write in capital letters

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: Male / Female

Designation: \_\_\_\_\_ (Postgraduate trainees kindly mention year also)

Department: \_\_\_\_\_

Institute / Hospital: \_\_\_\_\_

Corresponding Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: (m) \_\_\_\_\_ (L) \_\_\_\_\_

Email ID: \_\_\_\_\_

| Course                     | Course Registration Fee                          | Date                         | Maximum number of participants |
|----------------------------|--|------------------------------|--------------------------------|
| 7 <sup>th</sup> BLS Course | Rs. 800/-<br>(Rs. 500/- for students of AIIMS-P) | March 28, 2015<br>(Saturday) | 40                             |

**Course details:** It is one day course. Target Audience is medical, paramedical and nursing professionals and practitioners, undergraduate & postgraduate students of all healthcare streams. The registration fee involves posting of a book for pre-reading and pre-course preparation, working lunch and travel cost of the faculty.

**Demand Draft** in favour of **IAP Center for CPR Training** (A/c No. **579310110005562**; IFSC: **BKID0005793**) payable at **Bank of India, Patna** should reach at least 6 weeks before the course date at the below-mentioned address. In case of online transfer, the challan must be submitted along with the registration form.

Issuing Bank: \_\_\_\_\_ Date: \_\_\_\_\_ Branch: \_\_\_\_\_

**Correspondence:**

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