



# 3<sup>rd</sup> IAP Advanced Life Support (ALS) Course

Department of Pediatrics  
All India Institute of Medical Sciences, Patna



## Registration Form

\*Please print clearly / write in capital letters

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

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

Sex: \_\_\_\_\_

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
3 <sup>rd</sup> IAp-ALS Course	Rs. 3000/-	February 14-15, 2015	36

**Course details:** Target Audience is pediatricians, pediatric practitioners and pediatric trainees. The registration fee for this two day course involves posting of course material for pre-reading and pre-course preparation, hospitality and travel costs of the faculty.

**Demand Draft** in favour of **PEDIATRIC CRITICAL CARE** (A/c No. **579310110004184**; 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 Address:**

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