



The next Advanced Trauma Life Support (**ATLS**) Providers Course is scheduled for **December 7 to 9 2017** at NTTC Hall JIPMER Academic Center

Course Outline -:

It is a rigorous Hands-on 2 and a half day course

Participation limited to 16 members per course

Highly interactive (Instructor-student ratio of 3:1)

Live demo and practice on moulage patients in simulated trauma scenarios

Skill training on life like Manikin's (Trauma-Man, Mr. Hurt, etc.)

Interactive group Discussions with Reputed Faculty from India & Abroad

Course Benefits -:

- An organized approach for evaluation and management of seriously injured patients
- A foundation of common knowledge for all members of the trauma team
- Applicable in both large urban centers and small rural emergency departments
- Course Certified by American College of Surgeons
- Certification valid throughout the globe in 165 countries
- On successful completion of the course your name will be updated on the Indian & International ATLS Database
- Chance to become an ATLS Certified Instructor

Course Fee - :

Rs 20,000/- (Twenty Thousand Only)

A Discount of 25% (Rs 5000/-) shall be given to Doctors working in JIPMER on production of their JIPMER ID

Course Fee Includes-

The Entire content of the course

The ATLS Course Manual worth Rs 5000/-

ATLS Providers Course Kit

Access to online ATLS Study Resources & Technical Videos

Breakfast and Lunch on all 3 days of the course

Tea/Coffee and Snacks served during the course

For Registration :

Please fill the attached registration form and submit it along with the registration fee in the form of a draft or a check drawn in favor of ATLS JIPMER Payable at SBI Bank JIPMER Branch Pondicherry

The completed registration form and the fee should be submitted to Mr. Rabeesh Kumar ATLS Course Coordinator in JIPMER , Contact Number - +91-7502610407

For any Queries Please Contact :

Dr. Deep Sharma

Head of Department

Department of Orthopaedics

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Mr. Rabeesh Kumar

Trauma Nurse Coordinator

Trauma Center

JIPMER, Pondicherry

Ph . - 7502610407

Email- jipmeratls@gmail.com

Registration Form For ATLS – December 7 - 9 2017

PROVIDE THE FOLLOWING CONTACT INFORMATION:

Name:

Title:

Age:

Designation:

Specialty:

Year of Graduation:

Post Graduate Qualification:

Year of Post Graduation:

Working 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

Bank Account Details for Submission of fee via Bank Transfer –

Bank – SBI , JIPMER Branch

Account Name – ATLS JIPMER

Account Number – 33700309042

IFSC Code - SBIN0002238

(Please mention the Transaction id on your registration form at the time of submission)