

REGISTRATION FORM



American
Heart
Association®

**AUTHORIZED
TRAINING
CENTER**

BLS/ ACLS PROVIDER COURSE

Date: _____

Place: _____

TITLE : Prof. Dr. Mr. Mrs. Ms.

NAME : _____

This name will appear in your Certificate

QUALIFICATION : _____

DESIGNATION : _____

ADDRESS : _____

MOBILE _____ E-MAIL _____

AMOUNT ₹ _____ Received by CASH / D.D. / AT PAR CHEQUE

drawn on _____ Bank, dated. _____ payable at Ahmedabad in favour of

"SPECTRUM MEDICAL EDUCATION".

BLS : Rs. 2800 plus tax

BLS Renewal : 2,000 plus tax

ACLS : Rs. 6200 plus tax

ACLS Renewal : 6,000 plus tax

BLS + ACLS : Rs. 9000 plus tax

SIGN _____

NOTE: 1. Registration on first come first serve basis due to limited seats.

2. No refund against Cancellation, however candidates can postpone their registration for next course*.

MANAGED BY :

ANEE DESIGN STUDIO

Aniket D Sahu

Manager(SME)

+91-9998842900

COURSE DIRECTORS :

DR. MANOJ K. SINGH

ITC Coordinator, SME

Room No.: 31, First Floor, Apollo Hospital,

Bhat, Gandhinagar - 382 428

+91-9925179799

DR ABRAR SAIYED

ITC Deputy Coordinator, SME

Anam Hospital, Khanpur, B/h. Cama Motors,

Ahmedabad - 380 001.

+91-9376133600

FORMS CAN BE DOWNLOADED FROM WEB: www.cprinindia.com, www.aclsinindia.com

for further details please write to E-MAIL: spectrumaha@gmail.com

-: DISCLAIMER :-

We reserve right to cancel, modify or replace the course, programme or session as found appropriate under any circumstances such as natural calamity or by any other reason for ex. due to non availability of faculty members invited to conduct the course.

-For Office Use Only-

Receipt No:.....

Date:.....

Sign :.....

* Condition Apply