

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)

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: COURSE DIRECTORS :

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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 :.....