

Administered by



COLLEGE OF  
PHYSICIANS AND SURGEONS  
PAKISTAN

# ATLS®

## Advanced Trauma Life Support®

Under Accreditation from



AMERICAN COLLEGE  
OF SURGEONS  
ILLINOIS U.S.A

S. No. \_\_\_\_\_

The National Coordinator,  
ATLS® Program,  
College of Physicians and Surgeons Pakistan  
Karachi,

I, Dr. \_\_\_\_\_

Son/Daughter/Wife of \_\_\_\_\_

2 Coloured  
Passport Size  
Photographs  
(5 X 6 cms)  
with candidate's  
name on the back

hereby request to be enrolled with the ATLS® student/instructor/refresher course.

I am presently employed with \_\_\_\_\_ Speciality / Department \_\_\_\_\_

My Fellowship/PMDC registration # is \_\_\_\_\_

I hereby enclose cheque / payorder # \_\_\_\_\_ drawn at \_\_\_\_\_ Bank  
to cover the cost of the workshop.

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

Address : \_\_\_\_\_  
(for corresponding and sending material)

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

Phone Contact : \_\_\_\_\_

### FOR OFFICE USE

Received with thanks from Dr. \_\_\_\_\_

enrolled with the ATLS® in  Student  Instructor  Refresher course

starting from \_\_\_\_\_ to \_\_\_\_\_, having

Fellowship / PMDC registration # \_\_\_\_\_ by cheque / payorder # \_\_\_\_\_

drawn at \_\_\_\_\_ to cover the cost of the workshop.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

### ACKNOWLEDGMENT

S. No. \_\_\_\_\_

This is to acknowledge that Dr. \_\_\_\_\_

has been enrolled with the ATLS® in  Student  Instructor  Refresher course

starting from \_\_\_\_\_ to \_\_\_\_\_, having

Fellowship / PMDC registration # \_\_\_\_\_ working with \_\_\_\_\_ Hospital.

\_\_\_\_\_  
National Coordinator,  
ATLS® Program, CPSP Karachi  
Pakistan

\_\_\_\_\_  
Date