



KING EDWARD MEDICAL UNIVERSITY, LAHORE.
AHA INTERNATIONAL TRAINING CENTER.

Course Registration Form.

Status: Provider ☐ Instructor ☐
Refresher ☐ TCF ☐

Title of Discipline: (can select more than one)

- | | |
|--|--|
| ☐ Basic Life Support Course (BLS) | ☐ Advance Trauma Life Support Course (ATLS) |
| ☐ Advance Cardiac Life Supports Course (ACLS) | ☐ Advance Life Support Obstetrics Course (ALSO) |
| ☐ Pediatrics Advance Life Support Course (PALS) | ☐ Program Coordinator Administration Training |

PERSONAL DETAIL	
Name:	Father's Name
C.N.I.C./Pass port No:	Mobile No.
Designation:	Specialty:
PMDC Reg No:	Reg No:
Department Name.	Email Address
Residential Address:1	
COURSE FEE DETAIL	
Amount Rs:	(In words)
Challan No.	Dated:

Candidate Signature _____

HOD/Supervisor Name _____

Designation _____

Recommended by supervisor/HOD Signature Stamp: _____

AHA Disclaimer: The American Heart Association (AHA) strongly promotes knowledge and proficiency in all AHA courses and has developed instructional materials for this purpose. Use of these materials in an educational course does not represent course sponsorship by the AHA. Any fees for an AHA course are set and charged solely by the applicable Training Center or Training Site and are not charged by the AHA.