



EDUSCOPE INTERNATIONAL REGISTRATION FORM

Registration Date: _____

CANDIDATE'S INFORMATION

| | |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: | Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms. |
| Mobile Number: | Organization: |
| License Expiry Date: | Profession <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Allied Staff <input type="checkbox"/> Others |
| Email ID: | License: <input type="checkbox"/> DHA <input type="checkbox"/> MOH <input type="checkbox"/> HAAD <input type="checkbox"/> DHCA |

Please write legibly in **CAPITAL as required in the certificate**

BASIC LIFE SUPPORT (BLS) May 2025

| SL NO. | DATE | DAY | TICK YOUR DESIRED COURSE |
|--------|---------------------------|----------|--------------------------|
| 1 | 1 st May 2025 | Thursday | |
| 2 | 3 rd May 2025 | Saturday | |
| 3 | 6 th May 2025 | Tuesday | |
| 4 | 13 th May 2025 | Tuesday | |
| 5 | 17 th May 2025 | Saturday | |
| 6 | 20 th May 2025 | Tuesday | |

Send back to us the filled registration form together with the payment receipt to our email accounts: info@eduscope.me / lifesupport@eduscope.me

Note: Ebook along with instructions on how to download shall be shared via email

MODE OF PAYMENT:

- 1. **CASH PAYMENT:** You can visit us in our Training Center
- 2. **CHEQUE PAYMENT:** Payable to Eduscope International FZ LLC (cheque should be cleared 5 days before the course date)
- 3. **BANK:** through (a) cash deposit Emirates NBD ATM (no charge); (b) Bank deposit through Emirates NBD.

BANK DETAILS:

Account Name: Eduscope International FZ LLC
 Account No.: 101 414 693 5401
 Bank: Emirates NBD
 Branch: Wafi Mall
 Swift Code:
 EBILAEAD
 Iban No.: AE 90 0260 0010 1414 6935 401

❖ Request for issuance of new certificate is AED 50/-

Eduscope International has the right to cancel or reschedule a specific course. In case of cancellation and rescheduling, we will notify and candidates will have an opportunity to select alternative courses. NO REFUND POLICY IS APPLICABLE.

RESCHEDULE POLICY:

- ❖ Candidate should notify us via email for the rescheduling of the course (atleast 4-5 days before the course date)
- ❖ We can accommodate the rescheduling of the course only **“once “**and with valid reason and supporting document
- ❖ Rescheduling due to emergency reasons will be approved **ONLY** with supportive documents.
- ❖ Course will be forfeited if the candidate will not attend the session
- ❖ Latecomers will not be entertained
- ❖ **“NO REFUND POLICY”** is permitted

Remarks:

Medical Issues (if any) please mention: _____

If you have any physical limitations to perform the practical skill test, kindly mention:

For Ladies:

Are you pregnant: Yes No

If yes (please specify): No of weeks: _____

I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTOOD THE ABOVE-MENTIONED POLICY.

Signature:

Date: _____

