



# 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\*\*

### PEDIATRIC ADVANCED LIFE SUPPORT (PALS) May 2025

SL NO.	DATE	DAY	TICK YOUR DESIRED COURSE
1	2 <sup>nd</sup> May 2025 & 3 <sup>rd</sup> May 2025	Friday & Saturday	
2	7 <sup>th</sup> May 2025 & 8 <sup>th</sup> May 2025	Wednesday & Thursday	
3	12 <sup>th</sup> May 2025 & 13 <sup>th</sup> May 2025	Monday & Tuesday	
4	23 <sup>rd</sup> May 2025 & 24 <sup>th</sup> May 2025	Friday & Saturday	

Send back to us the filled registration form together with the payment receipt to our email accounts.

[info@eduscope.me](mailto:info@eduscope.me) / [lifesupport@eduscope.me](mailto: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 EmiratesNBD

**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:**

❖ **RESCHEDULE WITHOUT AFFECTING THE REGISTRATION FEE:**

- a) The reschedule notification should be sent to us via email **10 days prior to the selected course date.**
- b) In case of medical emergency, kindly share the medical supportive document(mandatory). Reschedule Request without the document will not be considered.

❖ **RESCHEDULE WITH ADDITIONAL PAYMENT**

- a) If the reschedule notification is sent **between 9-5 days prior to the selected course date, 50% of the course fee would be charged additional as penalty.**
- b) If the reschedule is **less than 4 days**, then the **course will be forfeited** and the candidate should re-register for the course.

❖ We can accommodate the rescheduling of the course only **“once”** and with valid reason and supporting Document.

❖ Latecomers will not be entertained

❖ **“NO REFUND POLICY”** is permitted

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**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: \_\_\_\_\_