



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**

| ADVANCED CARDIOVASCULAR LIFE SUPPORT (ACLS) May 2025 | | | |
|---|--|-------------------------|--------------------------|
| SL NO. | DATE | DAY | TICK YOUR DESIRED COURSE |
| 1 | 9 th May 2025 & 10 th May 2025 | Friday & Saturday | |
| 2 | 14 th May 2025 & 15 th May 2025 | Wednesday & Thursday | |
| 3 | 21 st May 2025 & 22 nd May 2025 | Wednesday & Thursday | |
| 4 | 26 th May 2025 & 27 th May 2025 | Monday & 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:

❖ **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

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: _____