



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) June 2024			
SL NO.	DATE	DAY	TICK YOUR DESIRED COURSE
1	3 rd June 2024 & 4 th June 2024	Monday & Tuesday	
2	13 th June 2024 & 14 th June 2024	Thursday & Friday	
3	26 th June 2024 & 27 th June 2024	Wednesday & Thursday	

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 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

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: _____