



# 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) April 2025

SL NO.	DATE	DAY	TICK YOUR DESIRED COURSE
1	7 <sup>th</sup> April 2025	Monday	
2	17 <sup>th</sup> April 2025	Thursday	
3	19 <sup>th</sup> April 2025	Saturday	
4	22 <sup>nd</sup> April 2025	Tuesday	
5	26 <sup>th</sup> April 2025	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 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: \_\_\_\_\_

