



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: _____

