

**Registration Form**

**Corneal Topography 2015**

Name: \_\_\_\_\_

BOS NO. \_\_\_\_\_ KOS No. \_\_\_\_\_ KMC No. \_\_\_\_\_

Hospital / Institution: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Delegate:  Fellow / Post Graduate:

Register for Hands on Session  Yes  No

**Registration Fee**

Early Bird Registration: Rs. 300/- (Within 25<sup>th</sup> March 2015)

Fellows / Post Graduate: Rs. 200/- (Within 25<sup>th</sup> March 2015)

**Note: PG / Fellows: Letter from HOD / Institute / Copy of ID Card.**

Late Registration / Spot Registration: Rs. 500/-

\*Spot registration subject to availability, CME credit hours not guaranteed.

Please send DD in favour of **“DR. SOLANKI EYE HOSPITAL PVT. LTD.” Payable at Bangalore**

NEFT payment can be done to below mentioned bank details and e-mail transaction no.  
to sushmakr80@gmail.com

NAME OF THE BENEFICIARY : DR. SOLANKI EYE HOSPITAL PVT. LTD.

NAME OF THE BANK : THE FEDERAL BANK LIMITED

BRANCH : GANDHINAGAR, BANGALORE

ACCOUNT NUMBER : 11890200058965

IFSC Code : FDRL0001189

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Signature of Participant