

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 25th March 2015)

Fellows / Post Graduate: Rs. 200/- (Within 25th 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

Signature of Participant