

Registration Form

Name : Dr / Mr / Ms

Contact Address :

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City : State :

E-mail :

Mobile No. : Tel :

Category :

COS Member:..... Non Member:.....

Payment by DD in favour of “.....”

(Payable at

Amount Draft No.

Dated Drawn No.

Signature.....

Filled up registration forms should be sent to Conference Secretary.

Dr Suresh Kumar, Associate Professor,

Department of Ophthalmology, Third Floor, D- Block,

Government Medical College and Hospital, Chandigarh - 160032.

Registration Tariff

	Before 15 th July	After 15 th July
COS Members	Rs 500	Rs 800
COS Non-members	Rs 800	Rs 1000