

Ofisacon

2- 3 September, 2017 - Option A

3 September, 2017 - Option B

Registration Form

Name (Full in CAPS): _____

Gender: _____ Age: _____

Qualification: _____ Current Year of PG Program _____

Institution/Individual Practice (address): _____

_____ Option chosen [A/B] : _____

Telephone / Mobile: _____ Email: _____

Fee Details: Draft Number _____ Bank _____

For fee details please look into the website

Send us an sms on 8019463715 – Dr Umashankar [Treasurer] as a back up with your bank transaction details

(DD should be drawn in favor of Hyderabad Eye Institute)

Mailing Address:

Ms P Vijaya

Education Centre

Kallam Anji Reddy Campus, Road No. 2, Banjara Hills

Hyderabad, Telangana - 500034

Phone: 040 30612167

Email: pvijaya@lvpei.org

Academy of Eye Care Education

L V Prasad Eye Institute, Kallam Anji Reddy Campus

L V Prasad Marg, Banjara Hills, Hyderabad 500 034, India



L V Prasad Eye Institute