

Registration Form

To be filled in CAPITALS only.

Name _____
(as it should appear on the certificate)

Gender M F Age _____ Qualifications: _____

Name of the Institution/Practice/Work place (with address) _____

Mobile No. _____ Email _____

Optometry Council of India (OCI) has awarded **10 credit points** to LVPEI,
for 40th Low Vision Awareness Program for Optometrists.

Registration Fee INR. 3,500/-

Please provide following details for NEFT / Online Banking	Details for NEFT / Online Banking
Name of the account holder:	Beneficiary Name : HYDERABAD EYE INSTITUTE
Name of the Bank:	Bank Account No. : 0132030002300
NEFT/UTR transaction number:	Name of the Bank : IDBI Bank
Date of transfer:	IFSC Code : IBKL0000028
Amount transfer:	Account Type : Savings
	MICR Code : 500 259 003
(or)	SWIFT Code : IBKLINBB002
Details for Demand Draft (DD)	Branch Address : Road No. 2, Banjara Hills Hyderabad, Telangana
In favour of "HYDERABAD EYE INSTITUTE" Payable at Hyderabad	

NOTE

For those paying through Online Banking: Please scan and send completed registration form to kartheek@lvpei.org

(or)

For those paying through For Demand Draft (DD): Please send completed registration form with DD to following address / email.

*Fees paid is non refundable in any circumstances