

PRE-REGISTRATION FORM

Dear Delegates,

Interested participants are requested to **PRE-REGISTER** for “**Paediatric cornea workshop and corneal neurotisation**” to be held at Hyderabad between 08 - 10th Nov 2019 at LVPEI, Hyderabad.

Kindly fill in following details:

1. Candidates name : _____
2. Type of practice : _____
3. Country of origin : _____
4. Contact details: Email: _____ Mobile number : _____
5. Previous post doc fellowship in cornea including year of completion : _____
6. Paediatric cornea patient's volumes seen in your practice annually : _____
7. No of corneal transplantations Performed annually (PKs, LKs, EKs) : _____
8. Does this program likely to benefit your practice? : _____
9. Also, share brief resume to support your selection : _____

Please note that final registration is subjected to candidate selection

Regards

Dr. Muralidhar Ramappa

Course director, Faculty TKCI, Kallam Anji Reddy Campus, Banjarahills, Hyderabad. India.

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For registration please contact: Ms. Vijaya and Mr. Ramu