

REGISTRATION FORM



NORTH ZONE OPHTHALMOLOGICAL SOCIETY
SILVER JUBILEE CONFERENCE
SEPT. 23 to 25-2011



Name

Age and Sex

No of Accompanying Persons

Address:

.....

.....

City:..... State:

Telephone..... Email:.....

NZOS Member ship No.:

Payment by demand draft in favour of 'NZOS silver jubilee conference'
payable at State Bank of Patiala, Dr. RPGMC, Kangra at Tanda (HP).

Branch code No. 50917.

Amount Draft No.

Dated: Drawn on

(Please mention your name & address on the back side of Demand Draft)

Signature:

Conference Secretariat :

Organizing Secretary
NZOS Silver Jubilee Conference
Department of Ophthalmology
Dr. RPGMC Kangra at Tanda (H.P.) - 176001
E-mail : nzossilverjubileeconference@gmail.com