



MODI CFS OCULOPLASTY MEET

SUNDAY 13TH JULY 2014

Organised by: Dr.M.C.Modi Eye Hospital
(Under the Aegis of KOS and BOS)

2 CME Credit hours awarded by KMC

Venue: Sheraton Hotel, Rajajinagar, Bangalore



REGISTRATION FORM

Name: _____

Gender: Male Female KMC Reg.No _____

Mailing Address: _____

Contact No: _____

E-mail ID: _____

Registration: (Before July 5th 2014)

Delegates - Rs. 600.00

Post Graduates / Fellows - Rs. 300.00

After 5th July till Spot registration – Rs. 1000.00

Payment Details:

Total Registration Amount: _____

By DD/Cheque No: _____ Date: _____

Issuing Bank: _____ in favour of Padmabhushan Dr. M.C.Modi Public Trust,
Bangalore

* Spot registrations and registrations after 10th July will not be entitled for KMC CMC Credit hours.

* Registrations are not transferable & no refunds will be made for cancellation if any.

* Complete registration forms of Post Graduates / Fellows to be accompanied with letter from HOD.

* Please mail the complete Registration forms with DD/ Cheque to

Please Mail The Completed Registration Form

With Cheque/ DD to

The Administrator

Dr.M.C.Modi Eye Hospital

Dr.M.C.Modi Road, Mahalaxmipuram,

Bangalore - 560 086

For any queries regarding registration please contact

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