

Registration form

Name _____

Address _____

E-mail _____

KMC Regn. No.

KOS No. _____ BOS No _____

Non-member _____ Fellow/Postgraduate _____

(Letter from Institution head compulsory)

Contact No.

Mobile _____ Landline _____

Payment Details:

Cheque/DD No _____ Date _____

RTGS/NEFT Ref. No. _____ Amount _____

Transaction ID _____

Mail / scan and send by e-mail to

Organizing Secretary

Retina Pearls

Retina Institute of Karnataka

122, 5th Main Road

Chamarajpet, Bengaluru - 560018

E-mail: retinapearls2019@gmail.com