



43rd M.P. STATE OPHTHALMIC CONFERENCE, INDORE

Organized By: Indore Divisional Ophthalmological Society



REGISTRATION FORM

NameSurname.....

Address

Phone No. (R) (o) (M).....

E-mail : Fax :

Member / Non Member Membership No.

Status Delgate Spouse Resident Trade

Meal Preference Veg Non Veg

Enclosed Demand Draft / Cheque No. Dated

Drawn on for Rs.

..... in favour of

“Indore Divisional Ophthalmological Society, Indore” payable at Indore

Note : Out station cheques are not accepted.

For Detail Contact

Dr. Suhas Bande

Dr. Amit Solanki

Dr. Mita Joshi

Dr. Anshu Khare

098260 – 36408

088890 – 88879

089599 – 07688

099933 – 45206

Correspondence Address

Dr. Mita Joshi, Organising Secretary

Correspondence Address : FG1, Scheme No. 54, Vijaynagar, Indore, M.P.