



Registration Form

Low Vision Awareness Program - 30

20 September 2013

Name (Full in CAPS) _____

Gender _____ Age _____

Highest Qualification: _____

(Please enclose a copy of the certificate)

Institution/Individual Practice (address) _____

City _____ State _____

Demand Draft Details: Draft Number _____ Bank _____

(Demand draft should be in favor of **Hyderabad Eye Institute** Fee: INR 1000/-)

Telephone/Mobile _____

Email: _____

Signature of participant

Date

**Mark Nathaniel Thadikonda and Vijayamma Nannepaga
Centre for Eye Care Education**

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