

NCBM Awareness Program on Visual Impairment & Community Rehabilitation

Registration Form

CHOOSE YOUR SESSION: (Please tick)

<input type="checkbox"/> 18 Mac 2020 (Wednesday)	<input type="checkbox"/> 19 August 2020 (Wednesday)
<input type="checkbox"/> 25 June 2020 (Thursday)	<input type="checkbox"/> 24 September 2020 (Thursday)

PERSONAL INFORMATION: (Please fill in the form with CAPITAL LETTERS)

Full Name : _____

MYKAD / Passport No. : _____

Date of Birth : __/__/____

Gender : Female / Male

Email address : _____

Mobile No : _____

Address : _____

University / Institution : _____

Category of Ophthalmology : Master Trainee Alternative Pathway Trainee

Training Which year : 1 / 2 / 3 / 4

System : In Campus Out Campus Floaters

Date of admission : __/__/____

FEES: RM10 (Pay at the NCBM - during registration)

Signature : _____

Date : _____

Seats are limited, do reserve early. Please complete and return registration form to email :
ophtha.secretariat@gmail.com