

# NCBM Awareness Program on Blindness & Community Rehabilitation

## Registration Form

**CHOOSE YOUR SESSION:** (Please tick)

<input type="checkbox"/>	<b>11<sup>th</sup> April 2022</b>	<input type="checkbox"/>	<b>22<sup>nd</sup> August 2022</b>
<input type="checkbox"/>	<b>20<sup>th</sup> June 2022</b>	<input type="checkbox"/>	<b>19<sup>th</sup> September 2022</b>

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

Name : \_\_\_\_\_

Date of birth : \_\_\_/\_\_\_/\_\_\_\_ Gender : Male / Female

MYKAD / Passport No. : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Address : \_\_\_\_\_

University/Institution : \_\_\_\_\_

Category of Ophthalmology Training :  Master Trainee  Alternative Pathway Trainee

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 this email:  
ophtha.secretariat@gmail.com**