

NCBM Awareness Program on Blindness & Community Rehabilitation

Registration Form

CHOOSE YOUR SESSION: (Please tick)

<input type="checkbox"/>	6th March 2024	<input type="checkbox"/>	7th August 2024
<input type="checkbox"/>	12th June 2024	<input type="checkbox"/>	18th September 2024

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: RM20 (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**