

# NCBM Awareness Program on Blindness & Community Rehabilitation

## Registration Form

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

<input type="checkbox"/>	<b>11<sup>th</sup> March 2026</b>	<input type="checkbox"/>	<b>5<sup>th</sup> August 2026</b>
<input type="checkbox"/>	<b>8<sup>th</sup> July 2026</b>	<input type="checkbox"/>	<b>23<sup>rd</sup> September 2026</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: 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**