

NCBM Awareness Program on Blindness & Community Rehabilitation

Registration Form

CHOOSE YOUR SESSION: (Please tick)

☐	13 th January 2027	☐	25 th August 2027
☐	3 rd March 2027	☐	6 th October 2027
☐	26 th May 2027	☐	

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 (only 15 participants per session); reserve early. Please complete and return the registration form to this email: ophtha.secretariat@gmail.com