

# 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