

**3<sup>rd</sup> BIENNIAL CONFERENCE**  
**HIMACHAL PRADESH OPHTHALMOLOGICAL SOCIETY**6<sup>th</sup> - 7<sup>th</sup> October 2018Manuallaya Resort (Ambassador Resort Pvt. Ltd.)  
Manali, District Kullu, (H.P.)**Registration Form**Please Write in CAPITAL LETTERS Only  
(All fields are Mandatory)

Are you a HPOS Member: Yes/ No

If yes, Membership No. \_\_\_\_\_

Name \_\_\_\_\_

Institutional Affiliation \_\_\_\_\_

Correspondence Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

Email ID: \_\_\_\_\_ Mobile \_\_\_\_\_

**REGISTRATION DETAIL:**

Category	Uptil 31st Aug	After 31st Aug	On Spot
Delegate-Members / Associate Members HPOS	Rs. 2500	Rs. 3000	Rs. 3500
Delegate-Non Member	Rs. 3000	Rs. 3500	Rs. 4000
Junior Residents	Rs. 1000	Rs. 1200	Rs. 1500
Senior Residents	Rs. 1200	Rs. 1500	Rs. 1800
Spouse	Rs. 1500		
Children > 10 Years	Rs. 1200		

**IMPORTANT NOTES:**

- Junior and Senior Residents are Required to Submit a Certificate from HOD.
- Accommodation Details(GST Inclusive) :**  
Rs 6000/Room Per Night or Rs 3000 Per Person Per Night on Twin Sharing Basis at Venue Site Manuallaya Resort (Ambassador Resort)
- Accommodation at site of Conference will be allotted on First Come First Serve Basis
- Paper /Videos/Challenging Cases have to be sent to local Chairman Scientific Committee.  
Email Address : **gianchand11@yahoo.com**

**Kindly Read the  
"IMPORTANT NOTES"  
given above before  
filling the Amount****Enclosed:**

- a) Delegate-Members /Associate Members HPOS
- b) Delegate-Non Member
- c) Junior Residents
- d) Senior Residents
- e) Spouse
- f) Children > 10 Years
- g) Accommodation

Rs. \_\_\_\_\_

Rs. \_\_\_\_\_

Rs. \_\_\_\_\_

Rs. \_\_\_\_\_

Rs. \_\_\_\_\_

Rs. \_\_\_\_\_

Rs. \_\_\_\_\_

Total Rs. \_\_\_\_\_

Total Rupees in words \_\_\_\_\_

by Demand Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on Bank \_\_\_\_\_

in favour of "HPOS". Payable at Punjab National Bank, V.P.O. Bajaura, Kullu.

**KINDLY SENT YOUR  
REGISTRATION FORM ALONG  
WITH DEMAND DRAFT TO:**

Dr Kamal Kapoor  
Organising Secretary  
C/o City Hospital  
Dhalpur, Kullu (H.P.)  
Phone Number: 8219199303, 9418333300  
Email Address: [kkigmc@gmail.com](mailto:kkigmc@gmail.com)

**Bank Detail for Online Payment:**

**Name:** HPOS  
**Bank & Branch:** Punjab National Bank,  
V.P.O. Bajaura, Kullu  
**Account No. :** 4454000100103824  
**IFSC Code:** PUNB0445400  
**MICR CODE:** 175024005

FOR OFFICE USE ONLY

RECEIPT NO. \_\_\_\_\_

REGN. NO. \_\_\_\_\_

(Signature of Delegate)

Registration managed by

**iRaymed**

Raymed Pharmaceuticals Limited