

# EYECON MANALI-2018

In Collaboration With:

Indira Gandhi Medical College, Shimla &  
DRPG Medical College, Tanda, at Kangra, (H.P.)



## 3<sup>rd</sup> BIENNIAL CONFERENCE HIMACHAL PRADESH OPHTHALMOLOGICAL SOCIETY

6<sup>th</sup> - 7<sup>th</sup> October 2018

Manuallaya 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](mailto: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 Adress: [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

(Signature of Delegate)

FOR OFFICE USE ONLY

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

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

Registration managed by

 Raymed

Raymed Pharmaceuticals Limited