

### Registration Form

To be filled in CAPITALS only.

Name \_\_\_\_\_  
(as it should appear on the certificate)

Gender ☐ M ☐ F Age \_\_\_\_\_ Qualifications: \_\_\_\_\_

Name of the Institution/Practice/Work place (with address) \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

### Registration Fee INR. 3,500/-

Please provide following details for NEFT / Online Banking	Details for NEFT / Online Banking
Name of the account holder:	Beneficiary Name : HYDERABAD EYE INSTITUTE
Name of the Bank:	Bank Account No. : 0132030002300
NEFT/UTR transaction number:	Name of the Bank : IDBI Bank
Date of transfer:	IFSC Code : IBKL0000028
Amount transfer:	Account Type : Savings
	MICR Code : 500 259 003
	SWIFT Code : IBKLINBB002
	Branch Address : Road No. 2, Banjara Hills
	Hyderabad, Telangana

**(or)**

Details for Demand Draft (DD)
In favour of "HYDERABAD EYE INSTITUTE" Payable at Hyderabad

NOTE

**For those paying through Online Banking:** Please scan and send completed registration form to [kartheek@lvpei.org](mailto:kartheek@lvpei.org)

(or)

**For those paying through For Demand Draft (DD):** Please send completed registration form with DD to following address / email.

\*Fees paid is non refundable in any circumstances