

**Dr Rajendra Prasad Centre for Ophthalmic Sciences  
National Workshop on Strabismus**

3rd and 4th October, 2008

**REGISTRATION FORM**

Name.....

Age/Sex.....

Present Designation & Affiliation.....

Address: .....

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Details of educational qualifications and experience (attach brief CV) Attach demand draft of Rs. 500 (non - refundable, application processing fee) in favour of "AO, Dr. R P Center, Account (State Bank of India, Draft payable at Delhi).

**Mail to**

**Dr. Pradeep Sharma / Dr Rohit Saxena**

National Workshop on Strabismus

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**Last date for submission: 15th September 2008**