

REGISTRATION FORM

Name of the training course (see page 2): _____

Applicant Name: Dr. _____

Nationality _____

Date of Birth _____, Age/Sex _____

Mailing Address _____

Contact Number (along with ISD/STD Code) _____

Course applied for month _____ Date _____ of year _____

Qualification details

Please affix
your
Passport
size
photograph
here

S.NO	Degree/Diploma	Institute Name	Year of passing	Grade

Surgical Experience (Related to course):

1. _____

2. _____

3. _____

SIGNATURE

For Registration, please send a demand draft (i.e.50 percent of total course fee) in advance along with your registration form to be adjusted against the course fee + material. The draft should be in favor of "DASHMESH CHARITABLE SOCIETY " payable at New Delhi, INDIA. Or Pay online Western Union Money Transfer <http://www.westernunion.com>

Please post/Email your completed forms to:

Dr Hanspal Singh Bhinder

G.G.S.I.EyeResearch&CureCentre

31,defence Enclave,vikas Marg, New Delhi110092

Ph: 01122542325,22543788,22545353

Mobile : +919911060609

Email: info@visioncareindia.com , visioncareindia.com@gmail.com

Website: www.visioncareindia.com , www.ggsieye.com , www.retinazone.com

CORNEA

1. CORNEAL GRAFTING :- L.K. , P.K.
2. TRIPLE PROCEDURE
3. C3R (CORNEA COLLAGEN CROSS LINKING WITH RIBOFLAVIN)
COURSE INCLUDES WITH SUPPLY OF RIBOFLAVIN & UV LIGHT.
4. EYE BANKING

REFRACTIVE SURGERY

1. GLASSES REMOVAL SURGERY WITHOUT LASER
2. PRESBYOPIA SURGERY
3. CATARACT SURGERY :- ECCE , ICCE, SICS, PHACO

GLAUCOMA

1. GLAUCOMA SURGERY
2. ROLE OF LASER IN GLAUCOMA MANAGEMENT

RETINA

PRP (green laser)

NdYAG

SPECIAL COURSE FOR CRVO TREATMENT WITH LASER BLAST
THERAPY

VITRECTOMY

Course includes lecture & video.
Full access to library
Proper teaching with experienced experts.
Wet lab