



AIOC 2021

REGISTRATION FORM



OSWB
Ophthalmological
Society Of West Bengal

PERSONAL INFORMATION

Surname

First Name

Date of Birth ____/____/____ (DD/MM/YYYY)

Gender ☐ Male ☐ Female

Mobile *

Phone

Email ID * (Please write your mobile no. & e-mail id carefully for future communication)

ADDRESS

City

Pin Code

State

Country

Nationality

Passport No. (Not Applicable for Indian Citizens)

Registration Details : Delegate Category (Please Tick) ☒

AIOS Members

AIOS Membership No :

- ☐ Ophthalmologists
- ☐ Residents / Trainees*
- ☐ Senior Citizen I** (DOB Prior to 30-09 - 1945)
- ☐ Senior Citizen II** (DOB 1-10-1945 to 30-09-1950)
- ☐ Past President
- ☐ Govt. Employee
- ☐ Office Bearer / SC / ARC Member

Non AIOS Members

Trade / Others

- ☐ Ophthalmologists
- ☐ Residents / Trainees*
- ☐ Exhibitor
- ☐ Others

Accompanying Person(s) YES ☐ NO ☐

(Family i.e. Spouse / Children - Non Ophthalmologist)

Name

Age

Name

Age

Name

Age

Other Scientific Activities (Optional) Rs.600/- per Course

SSTC - 24 Courses

- | | |
|---|---|
| ☐ Phacoemulsification | ☐ Penetrating Keratoplasty |
| ☐ SICS | ☐ DSEK |
| ☐ Phakic IOLs | ☐ Intacs rings |
| ☐ Toric IOLs | ☐ C3R (Collagen Cross Linking) |
| ☐ Iris fixated IOLs | ☐ Puntal plugs |
| ☐ Intavitreal injections | ☐ Lacrimal intubation |
| ☐ Anterior Vitrectomy | ☐ Botox and fillers |
| ☐ Core Vitrectomy | ☐ Valves in Glaucoma |
| ☐ Corneal suturing | ☐ Trabeculectomy |
| ☐ Microkeratome | ☐ Smile |

DIOSTC Courses – 25

- | | |
|---|--|
| ☐ Slit-lamp Biomicroscopy (including 90 D examination) | ☐ Biometry |
| ☐ Gonioscopy/Tonometry (NCT & Applanation) | ☐ Macular OCT |
| ☐ Retinoscopy | ☐ Green Laser |
| ☐ Squint & Orthoptics | ☐ RNFL OCT |
| ☐ CL Basic: RGP Fitting | ☐ Indirect Ophthalmoscopy |
| ☐ CL Basic: Soft CL fitting | ☐ UBM |
| ☐ CL Advanced Fitting Multifocal (1 hour) | ☐ Orbital Imaging |
| ☐ CL Advanced ROSE-K | ☐ FFA |
| ☐ CL Fitting (1 hour) | ☐ ASOCT |
| ☐ CL Advanced: Orthokeratology (1 hour) | ☐ Specular Microscopy |
| ☐ CL Advanced: Scleral CL Fitting | ☐ USG: A & B Scan |
| ☐ Perimetry | ☐ ERG, VEP, EOG interpretations |
| | ☐ Corneal Topography |
| | ☐ Neuro-Ophthal Imaging |
| | ☐ Low Vision Aids |

TSTC Courses – 25

- | | |
|--|---|
| ☐ Smartphone Slit lamp Photography | ☐ Crash course in Powerpoint |
| ☐ IOL power calculation New technology | ☐ Keynote presentations |
| ☐ ROP screening & Portable Fundus cameras | ☐ Topography And Pentacam |
| ☐ Setting Up A Dry Eye Clinic | ☐ Made Simple For General Ophthalmologists |
| ☐ Nabh Accreditation How And Why? | ☐ Aberrometry Made Simple For General Ophthalmologists |
| ☐ OT designing & Protocols | ☐ Artificial Intelligence Based |
| ☐ Choosing The Right Practice Management Software (Emr) | ☐ Diabetic Retinopathy Screening |
| ☐ Surgical Video Recording, Archiving & Editing in MAC/ Windows | |
| ☐ Smart phone Ant Segment Photography | |

Note : Please Tick the Courses Chosen

Registration Fee Paid Details (Please see the Registration Fee)

AIOS Member	INR	_____
Resident*	INR	_____
Trade	INR	_____
Non AIOS Member	INR	_____
Other	INR	_____

*Residents must furnish documentary evidence (Letter from HOD) along with Registration Form

**Senior Citizen must furnish documentary evidence (Pan Card / Passport / Aadhaar Card / Driving license) along with Registration Form (Self attested).

Cancellation & Refunds: Cancellation is permitted upto 30th April, 2021 where by 25% of the registration fee would be deducted as processing charges. Refund of registration fee will be made only against a written request submitted to the AIOS Office, along with Identity Proof.

Scientific Courses Fee (Rs.600/- per Course)

SSTC No. of courses		INR / US\$ _____
DIOSTC No. of courses		INR / US\$ _____
TSTC No. of courses		INR / US\$ _____

PAYMENT INFORMATION

Demand Draft / At par Cheque No _____ Date _____

for INR / US\$ _____ Drawn on (Name of Bank & Branch) _____

Favouring "All India Ophthalmological Society" payable at New Delhi / Delhi.

Grand Total

INR / US\$ _____

☐ I Agree to abide by the Rules and Regulation of All India Ophthalmological Society.

Signature of Delegate

REGISTRATION FEE STRUCTURE

Category	Early Bird Up to 01/03/2021	Advance Rate 02/03/2021 - 30/04/2021	Spot Registration From 01/05/2021
	Rs	Rs	Rs
A. AIOS Members			
Ophthalmologists	8700	10900	13050
Residents*	6550	8200	9800
Spouse	6550	8200	9800
B. AIOS Senior Citizens			
Senior Citizen** (>75 yrs)	Free	10900	13050
Senior Citizen** (70 to 75 yrs)	4350	10900	13050
Spouse (> 75yrs)	Free	8200	9800
Spouse (70 to 75yrs)	3300	8200	9800
C. Non- AIOS Members			
Ophthalmologists	13050	16350	19600
Residents*	9800	12300	14700
Spouse (Non- Ophthalmologist)	9800	12300	14700
D. Trader / Others	15000	18750	22500

BANK DETAILS

For Payment Through NEFT / RTGS

Account Name : All India Ophthalmological Society
 Account Number : 00000034739448871
 BANK Name : State Bank of India
 Branch : 270 AGCR Enclave Vikas Marg Delhi
 IFSC Code : SBIN0010644

Contacts

For Online / Offline Registration

Prof. (Dr.) Namrata Sharma
 Hony. General Secretary

 www.aios.org

All India Ophthalmological Society, 8A, Karkardooma Institutional Area, Near DSSSB Building, Manglam Road, Karkardooma, Delhi - 110092 (India) ☎ 011 - 22373701-05 ✉ aiosoffice@aios.org registration@aios.org