



AIOOC 2024

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)

Accompanying Person(s) YES NO

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

Name Name

Name Name

Other Scientific Activities (Optional) Rs.1000/- per Course

SSTC - 20 Courses

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

DIOSTC Courses – 25

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

TSTC Courses – 17

- | | |
|---|---|
| <input type="checkbox"/> Imaging Module | <input type="checkbox"/> Recent Technologies Module |
| 1. Smartphone Anterior Segment Photography | 10. Setting Up a Dry Eye Clinic |
| 2. Smartphone Funds Photography | 11. AI Based DR Screening |
| 3. ROP Screening & Portable Funds Photography | 12. Virtual Auto-Perimetry |
| <input type="checkbox"/> IOL Module | <input type="checkbox"/> Surgical Video Module |
| 4. IOL Power Calculations using Optical Biometry and Newer Formulae | 13. Optimising your surgical video recording system |
| 5. Toric Marking using Smartphone and Digital Devices | 14. Basic Video Editing Course |
| <input type="checkbox"/> Hospital Module | 15. Advanced Video Editing Course |
| 6. NABH Accreditation- How and Why? | 16. Grooming Module |
| 7. OT Designing & Protocols | 17. How to present your papers and talks in conference |
| 8. Choosing the right Practice Management Software (EMR) | 17. Realise your innovation: Learn 3-D Modelling and Printing |
| 9. Hospital Administration/Financial Planning for Hospitals | |

Registration Details : Delegate Category (Please Tick)

AIOS Members

AIOS Membership No :

- Ophthalmologists
- Residents / Trainees*
- Senior Citizen I** (>75 Yrs i.e Prior to 01-01-1949)
- Senior Citizen II** (> 70 & < 75 Yrs i.e. DOB 01-01-1949 to 01-01-1954)
- Past President
- Govt. Employee
- Office Bearer / SC / ARC Member

Non AIOS Members

Trade / Others

- Ophthalmologists
- Residents / Trainees*
- Exhibitor
- Others

Registration Fee Paid Details (Please see the Registration Fee)

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

Scientific Courses Fee (Rs.1000/- per Course)

| | | |
|-----------------------|--------------------------|------------------|
| SSTC No. of courses | <input type="checkbox"/> | INR / US\$ _____ |
| DIOSTC No. of courses | <input type="checkbox"/> | INR / US\$ _____ |
| TSTC No. of courses | <input type="checkbox"/> | INR / US\$ _____ |

| | |
|-------------|------------------|
| Grand Total | INR / US\$ _____ |
|-------------|------------------|

*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 31st March, 2024 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.

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.

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

Signature of Delegate

REGISTRATION FEE STRUCTURE

| Category | Discounted Rate upto 14th May 2023 | Early Bird Up to 31/12/2023 | Advance Rate 01/01/2024 - 31/03/2024 | Spot Registration From 1/04/2024 |
|---------------------------------|---------------------------------------|--------------------------------|--|--|
| | INR | INR | INR | INR |
| A. AIOS Members | | | | |
| Ophthalmologists | 9050 | 10050 | 12600 | 15100 |
| Residents* | 6550 | 7550 | 9500 | 11350 |
| Spouse | 6550 | 7550 | 9500 | 11350 |
| B. AIOS Senior Citizens | | | | |
| Senior Citizen** (>75 yrs) | Free | Free | 12600 | 15100 |
| Senior Citizen** (70 to 75 yrs) | 4000 | 5000 | 12600 | 15100 |
| Spouse (> 75yrs) | Free | Free | 9500 | 11350 |
| Spouse (70 to 75yrs) | 2800 | 3800 | 9500 | 11350 |
| C. Non- AIOS Members | | | | |
| Ophthalmologists | 14100 | 15100 | 18900 | 22650 |
| Residents* | 10400 | 11400 | 14200 | 17000 |
| Spouse (Non- Ophthalmologist) | 10400 | 11400 | 14200 | 17000 |
| D. Trader / Others | 15000 | 16000 | 20000 | 24000 |

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

AIOS HQ

 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