



4th

KAROPHTH

Annual Congress of Ophthalmology

30th Aug - 1st Sep 2024, Pearl Continental Karachi

6th Annual Conference of PACRS



REGISTRATION FORM

Title Prof. Dr. Mr. Ms.

Registration Number: _____
(to be Filled by the Conference Secretariat)

1. Full Name: _____

2. Gender: Male: Female: PMDC#: (if applicable) _____
Consultant: PG/Trainee: Other:

3. Designation: _____

4. Institution: _____

5. Clinic Address: _____

Town/City: _____ Country: _____ Post Code: _____

6. Telephone Cell Number: _____

7. Email Address: _____

BANK DETAILS

Bank Name: Bank Al Habib Limited
Account Title: Ophthalmological Society of Pakistan Karachi
Account No: 1008-0081-018860-02-3
IBAN#: PK02 BAH1 1008 0081 0188 6002

Account type: Current Account
Branch Code: 1008
Bank Address: M.A JINNAH ROAD

Note: Please Make Payment by Cash or Direct (Online Transfer) in to "Ophthalmological Society of Pakistan- Karachi Branch"
Official bank account & forward receipt of transfer along with complete registration form to Mr. Fahad Masood
WhatsApp: **0344-2445596**

REGISTRATION SCHEDULE

Categories	Early Bird	On Spot
Delegate/Consultant	PKR 11,000/-	PKR 12,000/-
Workshop	PKR 4,000/-	PKR 5,000/-

📍 Conference Secretariat:
OSP Office: PMA House, Agha Khan III Road, Karachi.

☎ 0344 2445596

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