Drishti

GLAUCOMA DIAGNOSTICS
**SKILLS TRANSFER WORKSHOP**

# ENROLMENT FORM

If you are interested in such programs then kindly fill in the following details and our representative would be happy to assist you in terms of arranging an appropriate slot for attending this program.

Name of the Doctor : .....

Qualification : .....

Address of hospital : .....

Proposed date for attending the program : .....

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Any specific skills in glaucoma which you propose to acquire in this workshop.

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We respect your quest for knowledge and hope that this program will assist you in your clinical practice, in times to come.

Cipla FORESIGHT™ vision becomes reality