



WINTER DOS CONFERENCE 2024

FOSTERING IDEAS

FORGING FUTURES

23 & 24 November, 2024

HOTEL ASHOK
Chanakyapuri, New Delhi

PLEASE WRITE IN CAPITAL LETTERS ONLY
(All Fields are Mandatory)

DOS Membership No.

Name _____

Correspondence Address _____

City _____ State _____ Pincode _____

Mobile _____ E-Mail _____

Name of Spouse (if to be registered) _____

Name of Children (if to be registered) (1) _____ (2) _____

REGISTRATION FEE

✓ Category	Till 15.08.2024	Till 15.09.2024	Till 15.10.2024	On Spot	
DOS Members					
<input type="checkbox"/> Member Delegate-Ophthalmologist	₹ 1500*	₹ 2000*	₹ 3000*	₹ 4000*	₹ _____
<input type="checkbox"/> Member Resident (JR/SR/Fellows)	₹ 1200*	₹ 1500*	₹ 2500*	₹ 3500*	₹ _____
Non Members					
<input type="checkbox"/> Non Member-Ophthalmologist	₹ 3000*	₹ 3500*	₹ 4000*	₹ 5000*	₹ _____
<input type="checkbox"/> Non DOS Member (JR/SR/Fellows)	₹ 1500*	₹ 2000*	₹ 3000*	₹ 4000*	₹ _____
<input type="checkbox"/> Optometrist	₹ 3000*	₹ 3500*	₹ 4000*	₹ 5000*	₹ _____
<input type="checkbox"/> Optometrist Students	₹ 1500*	₹ 2000*	₹ 3000*	₹ 4000*	₹ _____
<input type="checkbox"/> Spouse/Children	₹ 2000*	₹ 2500*	₹ 3500*	₹ 4000*	₹ _____
<input type="checkbox"/> Others	₹ 4000*	₹ 4500*	₹ 5000*	₹ 6000*	₹ _____
<input type="checkbox"/> Trade Delegate	₹ 4000*	₹ 4500*	₹ 5000*	₹ 6000*	₹ _____
Past President/Senior Citizen >70 years					
<input type="checkbox"/> Past President (DOS & AIOS)	-	-	-	-	₹ NIL
<input type="checkbox"/> Senior Citizen (>70 Years)	-	-	-	-	₹ NIL

Please carry your invitation card and registration badge during the Conference

Total ₹

Total Rs.: _____ *GST18% Rs.: _____ Ground Total Rs.: _____

Total Rupees in words _____

By Demand Draft/Multi City Cheque _____ Dated _____

Drawn on Bank _____ in favour of _____

“Delhi Ophthalmological Society” payable at New Delhi

MAILING ADDRESS

Dr. Prafulla Kumar Maharana
Secretary-Delhi Ophthalmological Society
A-23, First Floor, Green Park Main, New Delhi - 110016, Delhi
Phone: 91-11-43018576 Email: conferences@dsonline.org
W: www.dsonline.org

FOR OFFICE USE ONLY

RECEIPT No.

REGN. No.

(Signature of Delegate)

Points to Note:

1. *Excluding Taxes GST @18%
2. Bank charge applicable on the online transaction for online registration.
3. **Proof of residency required from HOD along and ID card with the registration form of the conference.
4. ***Registration for Spouse/child must be done separately for each person.
5. Attendance certificate will not be issued to associate delegates, trade delegates, optometrists and others.
6. For spot registrants: Complete Kit is subject to the availability.
7. Wearing of identity badge is mandatory at all times
8. Entry to scientific sessions, exhibition area and felicitation ceremony will be restricted to registered delegates only.
9. Lost badge will be replaced at the registration counter for a fee of Rs. 300/-
10. Pre-Registration closes on 15th October, 2024. Past Presidents of DOS or AIOS and Senior Member (>70 years) will be registered complimentary provided their registration form is received till 15th October, 2024.
11. DOS life members Senior Citizen above >70 years are requested to send the registration form along with a proof of age.
12. Cancellation & Refunds: Cancellation is permitted upto 15th October, 2024 only against a written request submitted to the conference secretariat and 50% of the registration fee would be deducted as processing charges. No Cancellation requests will be accepted thereafter.

Address for all Correspondence

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Secretary

(Delhi Ophthalmological Society)

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