



الرابطة العمانية لطب العيون
OMAN OPHTHALMIC SOCIETY



Registration/Renewal Form

Date : ---/---/-----

Name: -----

Nationality: -----

Designation: -----

Working Place: -----

ID No: -----

Qualification: -----

Address (Home): -----

Address (work): -----

Tel: ----- GSM: -----

E mail ID: -----

Amount Paid R.O. ----- by Cash Bank Transfer

Note:

If paid through bank transfer then photocopy of the receipt should be attached. Bank transfer can be made in favor of Oman Ophthalmic Society, Bank Muscat, Qurum Branch A/C No. 031600 53755 000 12.

ص.ب: ٣٣٧٣ ، الرمز البريدي : ١١١ ، مسقط ، سلطنة عمان ، تليفون : ٩٣٨٢٦٢٨٥ (+٩٦٨) فاكس : ٢٤٦١٧٤٠٥ (+٩٦٨)

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