

**PAKISTAN INSTITUTE OF COMMUNITY OPHTHALMOLOGY**  
**POSTGRADUATE MEDICAL INSTITUTE**  
**HAYATABAD MEDICAL COMPLEX**  
**KHYBER MEDICAL UNIVERSITY, PESHAWAR.**

To be completed and sent to:

**P.O. Box 125 G.P.O**  
**Peshawar, Pakistan.**  
**Tel: 92-91-9217377, Fax: 92-91-9217413**  
**E-mail: coursescoordinator@pico.org.pk**

**Two Weeks Course in Community Ophthalmology 29<sup>th</sup> June – 11<sup>th</sup> July 2009.**

**NAME (Block Capitals):** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**TRAINING YEAR OF RESIDENCY: YEAR 1, 2, 3, 4**

**INSTITUTE OF TRAINING:** \_\_\_\_\_

**PROVINCE:** \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PERMANENT ADDRESS (if different from above):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Tel #:** \_\_\_\_\_ **Mob #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Dated:** \_\_\_\_\_