**Performa for Quiz Competition**

**38th Lahore Ophthalmo 2019 / 40th National Conference of Ophthalmology**

Institution

**Participant – I:**

Name :

Qualifications :

Contact Number :

E-mail Address :

Postal Address :

**Participant – II:**

Name :

Qualifications :

Contact Number :

E-mail Address :

Postal Address :

We Dr. and Dr. hereby state that the above information is true to the best of our knowledge. We understand the rules and regulation of the quiz competition.

**Signature**  **Signature and seal of head of Department**

Participant –I

Participant –II

Date of submission: