

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: _____