

Annual Conference of Women Ophthalmologists Society

@ Om Vilas Benares

15th – 17th December'23



Women Ophthalmologists Society

Dated:- _____

Trade Participation Form

It is mandatory to fill this form whenever any payment is made

Name of company	
Purpose of Payment	
Base amount	
GST	
TDS Deducted	
Net Amount paid	
Name, designation and contact number of concerned person	
GST details	
Any specific requirement of INVOICE	
Details of Payment – Online / Cheque/DD with Details	
Any other information	

Paid Amount (in word):- _____

Authorized Signatory

WHEN YOU MAKE ANY PAYMENT, PLEASE FILL THE FORM ATTACHED AND SEND TO
Dr. Mohita Sharma, Secretary, WOS, wos@wosindia.org, with cc to drmohita@tirupatieye.org