



OPTOMETRY COUNCIL OF INDIA™

(Registered under Company Act 25(A) (Not for Profit)
Registration No. : U93000DL2012NPL241009 (Self-regulatory Body)

DETAILS ABOUT THE ORGANIZATION

Name of Organization	
Address	
Contact Number	
Email ID	

Venue of the CE event	
Name of the person in charge for the CE event	
Contact number and email ID	
Planned Invitees (Optometrists / Sales staff / Owners / Ophthalmic Technician / others (please specify))	



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Duration of the event (number of days / hours the program is being conducted)	
Program would consist of	Demonstration / Theory / Hands on / Practical's
There would be assessment at the end of the program	Yes / No



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To

The Optometry Council of India

Subject: Request for award of CE points for planned program

Sir / Madam,

We request you to award _____ points for the CE program planned on (Dates) in (City) .

We are herewith attaching the following:

- Details of the organization
- Description about the program
- The agenda of the program

On receipt of confirmation, we would be mentioning the CE points (and OCI logo if shared) in the following manner.

- The brochures
- Website
- During the program



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We agree that the usage of logo / CE points would be restricted to the individual program that is being attached and apply separately for any other program in future.

With regards

Authorized Signatory

Name & Seal

Date: _____



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