

Registration Form

Name :

Gender : Male Female

Designation : Academician/Research
Scholar Industry Participant

Organization :

Mailing Address :

E-mail :

Phone Number : Office: Mobile:

Title of Paper /ID :

Details of Payment :

Category : Workshop Conference

Mode of Payment * : DD Wire Transfer
(Additional Payment Applicable for Journal Publications)

DD Number : Date: Amount:

Name and address of the bank on which the draft is drawn:

Journal Number (in case of Wire Transfer Please):

(Please send the scanned ECS Transfer copy)

Place :

Date :

Signature of Participant

DECLARATION

This is to certify that Dr. / Prof. / Mr. / Mrs.Ms..... is an Employee/Student of our Organization and is permitted to attend the conference.

Head of the Department/Institution with seal