

REGISTRATION FORM

Name: _____

Gender: _____ Male/Female (Please Tick)

Designation: _____

Institution: _____

Address of Correspondence: _____

Mobile no. _____ Email _____

Telephone no.(Land line): _____

Presenting papers: _____ Yes / No (Please Tick)

Title of the paper: _____

Accommodation required: _____ Yes/ No (Please Tick)

Food Preference: _____ Veg/Non-Veg (Please Tick)

Details of Payment:

Registration Fee Amount: _____

DD Number: _____

NEFT Reference no. _____

Dated _____ Bank: _____

Date :

Signature