



Registration Form

Paper Details

Paper ID:

Paper Title:

Personal Details

Name: (Prof./Dr./Mr./Ms./Mrs.)

Affiliation:

Email ID:

Corresponding Author (Only Single Name) Details

Name: (Prof./Dr./Mr./Ms./Mrs.)

Affiliation:

Email ID:

Payment Details

You are registering as (please tick) Author Participant

Number of pages in final paper:

Registration Fee:

Name of Bank:

Date of Transaction:

Transaction ID:

INB Reference Number:

Signature (with Date): _____

Name: _____