

CO AUTHOR'S DETAILS (*)

Co-author-1

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Designation _____ Email ID _____ Contact No. _____

Co-author-2

Name _____ Affiliation _____
Designation _____ Email ID _____ Contact No. _____

Co-author-3

Name _____ Affiliation _____
Designation _____ Email ID _____ Contact No. _____

PAYMENT DEATAILS (*)

Amount Paid _____ (USD/INR) Mode of transfer _____ (Online Transfer/Cash deposit at Bank/NEFT)
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- ❖ Have you attended any conference organized by ICRASETM or its allied group before?
 Yes (Paper ID _____) No

SIGNATURE

Date: _____

Author Co-author-1 Co-author-2 Co-author-3

NOTE: Kindly send a scan copy of this form with the payment details to the Conference email id Only for registration Confirmation

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