

**CONFERENCE/EVENT REGISTRATION FORM**

Conf. /Event Name:

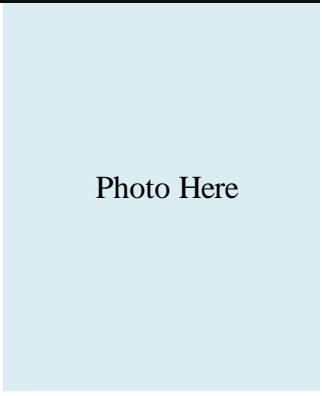
Conf. /Event Venue:  Conf./Event Date:   
*(DD/MM/YY)*

Paper ID/Reg. No.

Paper Title:

Author's Name:

Gender: Male  Female



**ADDRESS FOR CORRESPONDENCE(\*):** **Note: It is mandatory to fill (\*) Marked Information below**


Mobile(With Country Code)

Email ID

Date of Birth:

DD          MM          YEAR          4. Nationality

**AFFILIATION**

*College/University/Company*

**ACADEMIC INFORMATION (\*)**

Graduation  Post Graduation  Ph.D. /Post Doc

No of Conference/Events Attended \_\_\_\_\_ No of paper published \_\_\_\_\_

Books / Chapters published & E-learning materials Developed \_\_\_\_\_ Patents \_\_\_\_\_

Sponsored Projects (Number & Amount) \_\_\_\_\_

Awards and Recognition \_\_\_\_\_

**EXPERIENCE(\*) (IN YEARS)**

Teaching experience	UG :	PG :
Research experience (Post-Ph.D.)		
Industrial experience		

**Guided by (\*)**

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Designation \_\_\_\_\_ Email ID \_\_\_\_\_ Contact No. \_\_\_\_\_

## CO AUTHOR'S DETAILS (\*)

### Co-author-1

Name\_\_\_\_\_Affiliation\_\_\_\_\_

Designation\_\_\_\_\_Email ID\_\_\_\_\_Contact No.\_\_\_\_\_

### Co-author-2

Name\_\_\_\_\_Affiliation\_\_\_\_\_

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### 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)

Bank Details\_\_\_\_\_

Transactions ID\_\_\_\_\_ Date of Transfer (DD/MM/YY)\_\_\_\_\_

*Note: (Mode of transfer: Online Banking/Cash deposit at bank /NEFT ) only*

## ADDITIONAL INFORMATION (\*)

- ❖ Are you personally attending the Event\_\_\_\_\_ (Y/N).
- ❖ No. of Persons attending the event with you? (Including your Co-authors)\_\_\_\_\_.
- ❖ Will your Guide/HOD/Principal attending will attend the Event? \_\_\_\_\_ (Y/N)
- ❖ 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**

**Take the original hard copy for this form to the Event/Conference with a valid Identity card.**

*\* Condition Applied*

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*This Registration form is for one paper only.*