



DATE of Event (DD/MM/YY): ___/___/___

PLACE OF EVENT _____

NAME OF EVENT _____

CONFERENCEFORA REGD.
ID/PAPER ID.

PAPER TITLE
(NOT APPLICABLE FOR LISTNER
REGISTRATION)

AUTHOR'S NAME

Highest Qualification

Age

Affiliation/Designation

Nationality

Passport
Number

Mailing Address or
Postal Address
(with country and PIN Code)

Mobile Number
(With Country code)
Or Whatapp Number

Email ID

Name of Co-Authors

1.
2.
3.

REGISTRATION DETAILS

Amount Transferred

In USD or INR

OFFLINE PAYMENT

(Using NEFT/Cash deposit to our bank account/online third party transfer)

Date of transfer(DD/MM/YY)

Your Bank Name & Address

Transaction ID

OR

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(Using online link provided at our website/acceptance letter)

Date of Transfer(DD/MM/YY)

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2. All fields are **MANDATORY** to be filled

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ADDITIONAL INFORMATION (Mandatory to fill all)

- Will you be present physically at the event _____(Y/N).
- No. of persons attending the event with you?(Including your Co-authors)_____.
- Will your Guide/HOD/Principal be attending the Event?_____ (Y/N).
- Total years of experience (if any, in the field of Academics or Industry)_____.
- Tell us how you came to know about this conference or event _____.
- Are you informed about all rules and regulations of CONFERENCEFORA for attending the conference and publishing the paper _____(Y/N).

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4. In case of cancellation or re-scheduled of this event to other place or date at any time, CONFERENCEFORA will be not responsible for any kind of financial loss due to ticket cancellation or any other bookings done by me or my co-authors.
5. I do hereby declare that all the information given by me is true and if at any moment it is found to be wrong, my registration for the event will be cancelled by CONFERENCEFORA and necessary action will be taken against me.
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Author _____ Co-author (1) _____ (2) _____ (3) _____

(Author's Signature is mandatory only)

Note: Send a Scanned copy of this filled up form to our official mail ID only

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