



REGISTRATION FORM

Registration Type

Presenter

In-Absentia Presenter

Attendee

Name _____

Affiliation _____

Address _____

Email ID _____

Phone Number _____

Fee Deposited (Rs.) _____

Mode of Fee Deposited _____

Declaration

I hereby declare that the particulars of information and facts stated herein above are true and complete to the best of my knowledge.

Dated: _____

Signature of Applicant