REGISTRATION FORM

NAME:-____________________________________________  DESIGNATION:-_________________________

AFFILIATION:-__________________________________________________________________________________

ADDRESS:-_____________________________________________________________________________________

CITY:-_________________________STATE:_________________________PIN/ZIP:_________________________

COUNTRY:_________________________ NATIONALITY:_________________________

CONTACT NO.:-_________________________ E-MAIL ID:-_________________________

WHETHER IEEE MEMBER?      YES/NO

IEEE Membership No._________________________ Membership of IEEE Society (if any) __________________________

CATEGORY:  A) Author (IEEE member)  B) Author (Non member)  C) Non Author  D) Spouse/Family member

FOR AUTHOR REGISTRATION, FURNISH THE FOLLOWING DETAILS AGAINST EACH PAPER:-
(The presenter of each paper MUST be registered, either here or separately)

PAPER ID #1: -_________________________ NUMBER OF PAGES:-_________________________

TITLE:-_____________________________________________________________________________________

COMPLETE LIST OF AUTHORS:-_______________________________________________________________________

NAME OF THE PAPER PRESENTER:_______________________________________________________________

PAPER ID #2: -_________________________ NUMBER OF PAGES:-_________________________

TITLE:-_____________________________________________________________________________________

COMPLETE LIST OF AUTHORS:-_______________________________________________________________________

NAME OF THE PAPER PRESENTER:_______________________________________________________________

PAPER ID #3: -_________________________ NUMBER OF PAGES:-_________________________

TITLE:-_____________________________________________________________________________________

COMPLETE LIST OF AUTHORS:-_______________________________________________________________________

NAME OF THE PAPER PRESENTER:_______________________________________________________________

PAYMENT DETAILS:-

TOTAL REGISTRATION AMOUNT (INR) :________  TOTAL EXTRA PAGE CHARGES (If any) (INR):______

TOTAL AMOUNT (in words):-______________________________________________________________

TRANSACTION ID NO.:-________________________________ DATE OF TRANSACTION:-_______________

SENDER’S NAME:-________________________________________________________

DETAILS OF SENDING BANK:-____________________________________________________

(Scanned copy of Bank Transfer document MUST be attached with scanned copy of this form for Registration)

DECLARATION

I hereby declare that all statements made above are true to the best of my knowledge. I also confirm that I am authorized to make the above statements on behalf of my co-authors. I understand and agree to abide by all the terms and conditions of the conference.

FULL SIGNATURE DATE: