

REGISTRATION FORM

Name	
Designation	
Institute / Department	
University	
Selected Theme (s)	
Participation as	(Please tick one) Paper Presenter Just Participant
Type of Presentation	(Please tick one) Oral Poster
Highest Qualification with Field of Interest	
Accommodation Required	(Please tick one) Yes No
E-Mail Address	
Phone and Cell no.	
Postal Address	

Registration Fee

Local Participants = 5,00 rupees

Foreign Participants = 100\$

Students = 250 rupees