



AUTHOR/PARTICIPANTS REGISTRATION FORM
[URGED TO SEND REGISTRATION FEE BY ELECTRONIC BANK TRANSACTION]

PERSONAL DETAILS

(Please type or write legibly)

Prof./Dr./Mr./Mrs. : _____
Designations : _____
Affiliation : _____
Mailing Address : _____
PIN or Post Code : _____ Country: _____
Phone: _____ Email: _____
Names of the Accompanying Authors/Persons, if any: _____

REGISTRATION DETAILS

Amount of Fee Paid : _____
Attending as (Author/Participant): _____
Mode of Payment: DRAFT or E-PAYMENT
(Put ✓ and fill the Particulars accordingly)

Draft Particulars (if paid by bank draft) : Draft No.: _____ Amount paid: _____
Bank Name _____ Date of Payment: _____
(Please send the draft with this hardcopy of this form by speed post. And send the scanned digital copy of the draft to icdcit.reg@gmail.com and mark a copy to mrpatra12@gmail.com and raja@tifr.res.in)

E-PAYMENT Particulars (if paid online) : Transaction ID: _____
Amount paid: _____ Bank Name: _____
Date of Payment: _____

Paper in: Conference or Industry Symposium or Student Research Symposium
Paper Title: _____
Paper ID: _____
Date of Arrival: _____
Date of Departure: _____
Paid amount for accompanied person(s) (if any): _____

(Signature of the Author/Participant)

(Scanned copy of this complete filled form should be send to icdcit.reg@gmail.com and mark a copy to mrpatra12@gmail.com and raja@tifr.res.in)