



CONFERENCE/EVENT REGISTRATION FORM

Conf. /Event Name: [input box]

Conf. /Event Venue: [input box] Conf./Event Date: [input box]

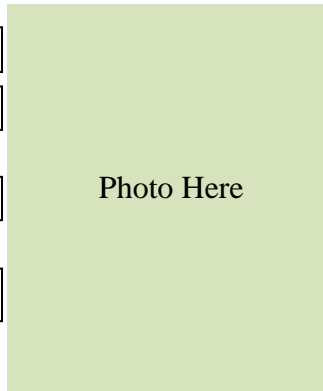
(DD/MM/YY)

Paper ID/ Reg. No. [input box]

Paper Title: [input box]

Author's Name [input box]

Gender: Male [input box] Female [input box]



ADDRESS FOR CORRESPONDENCE(*):

Note: It is mandatory to fill (*) Marked Information below

Grid for address with Pin field

Mobile [input box] Email [input box]

Date of Birth: [input box] 4. Nationality [input box]

AFFILIATION [input box] College/University/Company

ACADEMIC INFORMATION (*)

Graduation [input box] Post Graduation [input box] Ph.D. /Post Doc [input box]
No of Conference/Events Attended _____ No of paper published _____
Books / Chapters published & E-learning materials Developed _____ Patents _____
Sponsored Projects (Number & Amount) _____
Awards and Recognition _____

EXPERIENCE(*) (IN YEARS)

Table with 3 columns: Teaching experience, UG, PG; Research experience (Post-Ph.D.); Industrial experience

Guided by (*)

Name _____ Affiliation _____
Designation _____ Email ID _____ Contact No. _____

CO AUTHOR'S DETAILS (*)**Co-author-1**

Name _____ Affiliation _____
 Designation _____ Email ID _____ Contact No. _____

Co-author-2

Name _____ Affiliation _____
 Designation _____ Email ID _____ Contact No. _____

Co-author-3

Name _____ Affiliation _____
 Designation _____ Email ID _____ Contact No. _____

PAYMENT DEATAILS (*)

Amount Paid _____ (USD/INR) Mode of transfer _____ (Online Transfer/Cash deposit at Bank/NEFT)
 Bank Details _____
 Transactions ID _____ Date of Transfer (DD/MM/YY) _____

Note: (Mode of transfer: Online Banking/Cash deposit at bank /NEFT) only

ADDITIONAL INFORMATION (*)

- ❖ Are you personally attending the Event _____ (Y/N).
- ❖ No. of Persons attending the event with you? (Including your Co-authors) _____ .
- ❖ Will your Guide/HOD/Principal attending will attend the Event? ____ (Y/N)
- ❖ Have you attended any conference organized by IFERP or its allied group before?
 Yes (Paper ID _____) No

International Participants may give their arrival/ departure details to facilitate airport pickup **(On Extra Payment Only)**

	Date	Airline	Flight Number	Arrival/Departure Time	From/ To City
Arrival					
Departure					

DECLARATION/UNDERTAKING(*) (Read Carefully before Sign)

1. I have not published this paper anywhere before.
2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference Venue.
3. I am transferring the Copyright of my paper to IFERP.
4. I and all my co-authors have provided the Original identity inside the paper.
5. I have read all the information carefully provided in the Conference website for attending and publishing in the IFERP Conferences.
6. I do here by declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by IFERP-ITR Management and can take necessary action against me.

SIGNATURE

Date: _____

Author

Co-author-1

Co-author-2

Co-author-3

Co-author-4

NOTE: Kindly send a scan copy of this form with the payment details to the Conference email id Only for registration Confirmation

Take the original hard copy for this form to the Event/Conference with a valid Identity card.

** Condition Applied*