EVENT REGISTRATION FORM

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| --- | --- |
| Event Name |  |
| Venue/Place of Event |  |
| Date of Event |  |

*PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT*

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| --- | --- | --- |
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| Affiliation |  |
| Mailing Address |  |
| City, Zip, Country |  |
| Passport Number |  | Age |  |
| Mobile |  | Email |  |
| ACCEPTED PAPER INFORMATION | **Paper ID:**Title of the paper: Authors: |
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 **ADDITIONAL INFORMATION**

* Will you present physically at the event (Y/N).

Photo Here

* No. of Persons attending the event with you?(Including your Co-authors) .
* Will your Guide/HOD/Principal attending will attend the Event? (Y/N).

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