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Event Name	
Venue/Place of Event	
Date of Event	

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Title	1. Dr. 2. Mr. 3. Ms. 4. Prof.	Name	
Affiliation			
Mailing Address			
City, Zip, Country			
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ACCEPTED PAPER INFORMATION	Paper ID: Title of the paper: Authors:		
Co-Authors Details	1.	2.	3. Guided by: Mail ID: Contact No: Affiliation:

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ADDITIONAL INFORMATION

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- ☉ 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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Remarks: _____