

Registration Form

(Please print this form, fill in the required information in first author's own handwriting, scan it and send it together with the other documents)

Salutation : Prof/Dr/Mr/Ms
Name : _____

Middle Name : _____

Surname : _____

Designation : _____

Affiliation : _____

Address : _____

Pin Code/Zip Code						
-------------------	--	--	--	--	--	--

Email : _____

Contact No. : _____

Publication Fee details:

PAPER ID		
PAPER Title		
Publication Fee (only for Indian author)	Rs 2600 + Rs 200 for DOI (optional)	Y/N
Publication Fee (Other Countries)	\$ 100 + \$10 for DOI (optional)	Y/N
Total Amount		
UTR No/ Transaction ID		
Date of Payment		
Signature		