

Registration Form

Name :

Designation :

Name of the Institute / Organization :

Postal Address :

Contact No. :

Email ID :

Gender :

Academic Qualification :

Paper ID :

Title of the Paper :

Registration Fee Details

Name of the Bank : _____ Date _____

Transaction reference number: _____

Certified that the above information are true and correct to the best of my knowledge and belief.

Place :

Date :

Signature of the applicant