



CONFERENCE/EVENT REGISTRATION FORM

Conf. /Event Name:

Conf. /Event Venue:

Conf./Event Date:

(DD/MM/YY)

Paper ID/ Reg. No.

Paper Title:

Author's Name

Gender: Male Female



ADDRESS FOR CORRESPONDENCE(*):

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

Grid for address details with Pin field

Mobile

Email

Grid for mobile and email details

Date of Birth:

Grid for Date of Birth (Day, Month, Year)

Day Month Year

4. Nationality

Grid for Nationality

AFFILIATION

College/University/Company

ACADEMIC INFORMATION (*)

Graduation Post Graduation Ph.D. /Post Doc

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

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)
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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)
- ❖ How do you get the information about this conference?
 Email allconferencealert.com From College News Paper Referred by Friends Referred by Professor
 Other Websites _____ (Specify)
- ❖ Have you attended any conference organized by IT Research 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)

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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 ITR Management and can take necessary action against me.

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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