**Registration Form – Poster Presentation-ICACER-2019**

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| --- |
| Title of Poster :  |
| Track : |
| Name of the scholars and Affiliations : 1.2. |
| Mailing Address |  |
| City, Zip, Country |  |
| Passport Number / Aadhar no. |  | Age |  |
| Mobile |  | Email |  |
| **Payment Details** | **Fees Paid (Rs.) : 500****Date of Transaction :****Transaction Type :** **Transaction ID / Reference No. :****Name of the bank of Payor (Author) :** **( Attach a screenshot of online transaction with this form)**  |

***(All fields are mandatory for registration)***