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

|  |  |  |  |
| --- | --- | --- | --- |
| 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)***