**Registration Form ICACER-2019**

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| --- | --- | --- | --- |
| Title of Paper : | | | |
| Track : | | | |
| Paper ID: | | | |
| Authors and Affiliations :  1.  2.  3.  4.  5. | | | |
| Presenting Author |  | | |
| Mailing Address |  | | |
| City, Zip, Country |  | | |
| Passport Number / Aadhar no. |  | Age |  |
| Mobile |  | Email |  |
| **Payment Details** | **Fees Paid (Rs.) :**  **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)***