REGISTRATION FORM

Full Name
Dr/Prof/Ms/Mrs/Mr
Sub-Theme of the Paper

Title of the Paper

Name of the co-author (if any)
Institution/Organization
Department
Designation
Nationality
Address

Phone Number:
Email ID:
Alternative Email ID:

Do you need accommodation: ☐ Yes ☐ No

Participant other than the author:
(Full Name and Address)
Registration fee payment details:

<table>
<thead>
<tr>
<th>National</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delegates from Academia</td>
<td>Delegates from Academia</td>
</tr>
<tr>
<td>3000.00</td>
<td>$100</td>
</tr>
<tr>
<td>Delegates from Industry</td>
<td>Delegates from Industry</td>
</tr>
<tr>
<td>5000.00</td>
<td>$150</td>
</tr>
<tr>
<td>Research Scholars</td>
<td>Research Scholars</td>
</tr>
<tr>
<td>2000.00</td>
<td>$50</td>
</tr>
<tr>
<td>Participants other than Presenters</td>
<td>Participants other than Presenters</td>
</tr>
<tr>
<td>2000.00</td>
<td>$50</td>
</tr>
<tr>
<td>Students</td>
<td>Students</td>
</tr>
<tr>
<td>1000.00</td>
<td>$20</td>
</tr>
</tbody>
</table>

Mode of Payment:          ☐ Online          ☐ Offline

If online: RTGS/NEFT

**For Offline Mode: [*Cheque will not be accepted]*

*In favour of KKHSOU International Seminar*, Payable at Guwahati

Demand Draft No.:

Bank Name & Branch:

Date of Deposit:

**Conference Bank Account Details:**

Name of the Account: KKHSOU International Seminar

Account Number: 37066455347

Name of the Bank: State Bank of India

Name of the Branch: Beltola Branch

IFSC Code: SBIN0004419

Swift Code: SBININBB159

Date:                                      Signature: