**CONFERENCE REGISTRATION FORM**

*(Note: Fill all the information in capital format only)*

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| |  |  | | --- | --- | | Event Name |  | | Venue/Place of Event |  | | Date of Event |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT | | | | | | | | | | Title 1.Dr. 2. Mr. 3. Ms. 4. Prof. | | | Name | | |  | | | | Affiliation |  | | | | | | | | | Mailing Address |  | | | | | | | | | City, Zip, Country |  | | | | | | | | | Mobile |  | | | | Email | |  | | | ACCEPTED PAPER INFORMATION | **Paper ID:**    Title of the paper:  Authors: | | | | | | | | | Co-Authors Details |  | 2. | | 3. | | | | Guided by:  Mail ID:  Contact No:  Affiliation: |   Declaration:   1. I have not published this paper anywhere before. 2. I will not cause or involve in any sort of violence or disturbance with inside and outside of Conference. 3. I and all my Co-author have provided original identity inside the Paper. 4. I have read all information carefully provided in the Conference website for attending and publishing in SAIRAP Conference. 5. I accept to transfer the Copyright of my paper to SAIRAP. 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 SAIRAP Management.  |  | | --- | | Author’s Signature: .......................................... Co-Author’s Signature: ...................................  Guide’s Signature: ........................................... Co-Author’s Signature:................................... |   *Note: Send the scan copy of this form to Official mail Id of the conference*(\*)compulsory field: |