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| **ICCCIS-2023 REGISTRATION FORM**Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ |
| Registration For: (Pls. Specify) | (Authors/Co-Author/Attendee): |
| Name\*: |  |
| Affiliation\*/Organization\*: |  |
| Gender\*: (Male / Female) |  |
| Correspondence Address: |  |
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| City: |  |
| State: | Country: | Pin: |
| Mobile No\*: |  | WhatsApp No. |  |
| Email Id\*: |  |
| Are you the presenter?\*If no, name & affiliation of Presenter Co-Author: | Yes/no |
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| Paper ID\*: |  |
| Paper Title \*: |  |
|  |
| Category\*: | Delegate – Foreign/Indian |  Full Time Student(Pl. Attach Photocopy of ID card) |
| IEEE Membership Details: | Member / Student Member |
| (Pl. Mention Membership Number and Attach Photocopy)  |  |
| Registration Fee Amount\*: |  |
| Mode of Payment \*: (Bank Deposit/E-Transfer) |  |
| Pl. provides the details\*: | Transaction Number (UTR No.): |
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| Comments: ( if any) |  |
| Signature\*: (You may put digital signature) |   |