

CO AUTHOR'S DETAILS (*)**Co-author-1**

Name _____ Affiliation _____
 Designation _____ Email ID _____ Contact No. _____

Co-author-2

Name _____ Affiliation _____
 Designation _____ Email ID _____ Contact No. _____

Co-author-3

Name _____ Affiliation _____
 Designation _____ Email ID _____ Contact No. _____

PAYMENT DEATAILS (*)

Amount Paid _____ (USD/INR) Mode of transfer _____ (Online Transfer/Cash deposit at Bank/NEFT)

Bank Details _____

Transactions ID _____ Date of Transfer (DD/MM/YY) _____

Note: (Mode of transfer: Online Banking/Cash deposit at bank /NEFT) only

ADDITIONAL INFORMATION (*)

- ❖ Are you personally attending the Event _____ (Y/N).
- ❖ No. of Persons attending the event with you? (Including your Co-authors) _____ .
- ❖ Will your Guide/HOD/Principal attending will attend the Event? ____ (Y/N)
- ❖ How do you get the information about this conference?
 Email allconferencealert.com From College News Paper Referred by Friends Referred by Professor
 Other Websites _____ (Specify)
- ❖ Have you attended any conference organized by IT Research or its allied group before?
 Yes (Paper ID _____) No

International Participants may give their arrival/ departure details to facilitate airport pickup **(On Extra Payment Only)**

	Date	Airline	Flight Number	Arrival/Departure Time	From/ To City
Arrival					
Departure					

DECLARATION/UNDERTAKING(*) (Read Carefully before Sign)

1. I have not published this paper anywhere before.
2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference Venue.
3. I am transferring the Copyright of my paper to SARC.
4. I and all my co-authors have provided the Original identity inside the paper.
5. I have read all the information carefully provided in the Conference website for attending and publishing in the SARC Conferences.
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 SARC Management and can take necessary action against me.

SIGNATURE

Date: _____

Author

Co-author-1

Co-author-2

Co-author-3

Co-author-4

NOTE: Kindly send a scan copy of this form with the payment details to the Conference email id Only for registration Confirmation

Take the original hard copy for this form to the Event/Conference with a valid Identity card.

** Condition Applied*