

REGISTRATION FORM

Ever	nt Details:				
Event Name: Date of Event:					
Location: Time:				Passport photo	
	icipant Details: STRIAL ACADEMICIAN) RESEARCH SCOL4	AR 🔵 UG/PG STUDEN	NT O	
Full N	ame:				
Affilia	tion with Organization:				
Highe	st Qualification:				
Addre	SS:				
City:		Country:		_ Zip:	
Phone (with country code):		Email id:			
Passp	ort Number:				
	Coauthors Name		Designation		
1					
2					
3					
Addi	tional Details:				
Do you want to join this event Presenter Attendee					
Whether you want to join this event Onsite O Virtually					
How many no. of Persons attending the event with you? (Including your Co-authors)					
Payment Details:					
	et, and all lunches during the conf	ference. In addition, eac	h registrant will receive a co	offee breaks, conference reception and opy of the conference proceedings with ees and after-conference tour fees.	
Tota	Amount:				
		Payme	ent mode		
Bank Transfer Online		ransfer 🔿	On-site(Cash) 🔘		
Note:					

1. It is mandatory to provide a scanned copy of your ID Proof/Passport along with this Registration form Declaration & Undertaking.

2. In case of not attending Physically at the Conference site, Participant needs to pay as virtual attendee fee (Non Negotiable).

- I have not published this paper anywhere before and I am transferring the Copyright of my paper to ARL.
- I will not cause or be involved in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue in any Country during my Visa Period.
- ARL has all rights reserved to shift the venue and reschedule the date of the Event.
- I do hereby declare that all the information given by me is true and if at any moment it is found to be wrong my registration for the event will be cancelled by ARL and take necessary action against me.
- ARL is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper in any country during the Event.

Participant's Signature: _____

Date: _____