



REGISTRATION FORM

Conference Title & Month: _____

Title of the Paper: _____

Full Name: _____

Category: Student, Faculty, Research Scholar, Professionals, Others _____

Designation: _____

University/Organization: _____

Preferred Mailing Address: _____

City: _____ **State/Province:** _____

Zip/Postal Code: _____ **Country:** _____

Telephone: _____ **Mobile:** _____

Email: _____

Payment Details:

Transaction ID: _____ Dated: _____ Bank _____

Branch : _____

Please e-mail completed registration form with payment proof to:

nerd.publication@gmail.com

The payment of registration fee shall be made through Internet banking

NEFT/IMPS/RTGS.

Bank account details

Account Number: 215911100002096

Name of the Bank: **Union Bank**

Branch: Hadapsar

IFSC Code: UBIN0821594

Author Name & Sign