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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: |  | | | |
|  | | | |
| City: |  | | |
| State: | Country: | | Pin: |
| Mobile No\*: |  | WhatsApp No. | |  |
| Email Id\*: |  | | | |
| Are you the presenter?\*  If no, name & affiliation of Presenter Co-Author: | Yes/no | | | |
|  | | | |
|  | | | |
| 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.): | | | |
| Transfer Date: | | | |
| Bank Name: | | | |
| * Whether Accommodation Is Required? | | Yes/No | | |
| Comments: ( if any) |  | | | |
| Signature\*: (You may put digital signature) |  | | | |