

CONFERENCE REGISTRATION FORM

DATE of Event (DD/MM/YY): ___/___/___

PLACE OF EVENT _____

NAME OF EVENT _____

REGD. ID/PAPER ID.		
PAPER TITLE (NOT APPLICABLE FOR LISTNER REGISTRATION)		
NAME		
Highest Qualification		Age
Affiliation/Designation		
Nationality		Passport Number
Mailing Address or Postal Address (with country and PIN Code)		
Mobile Number (With Country code) Or Whatapp Number		
Email ID		
Co Author Details	1. _____ 2. _____ 3. _____	

Instructions:

- All fields must be filled in **English with CAPITAL letters** only.
- All fields are **MANDATORY** to be filled

**Paste your photo here
(Mandatory)**

(Photo must match your passport or Govt. Issued ID card)

ADDITIONAL INFORMATION (Mandatory to fill all)

- Will you be present physically at the event _____(Y/N).
- No. of persons attending the event with you?(Including your Co-authors) _____.
- Will your Guide/HOD/Principal be attending the Event? _____(Y/N).
- Total years of experience (if any, in the field of Academics or Industry) _____.
- Tell us how you came to know about this conference or event _____.
- Are you informed about all rules and regulations of ARSSS for attending the conference and publishing the paper _____(Y/N).
- This paper was guided by (Guide's Information).**

Name _____

Affiliation _____

Email _____

Contact Number _____

Declaration & Undertaking

- I have not published this paper anywhere before and I am transferring the Copyright of my paper to ARSSS
- I will not cause or be involved in any sort of violence or disturbance, within or outside of the Conference/Event Venue and during my travel to the venue in any Country during my Visa Period.
- ARSSS has all rights reserved to shift the venue, rescheduling the date and timing of the Event at any time.
- 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 WRFER and necessary action will be taken against me.
- I have read all the rules and regulations at <http://arsss.org/rules> and I agree.
- ARSSS is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during the Event.

REGISTRATION DETAILS

Amount Transferred _____ In USD / INR

- OFFLINE PAYMENT**
(Using NEFT/Cash deposit to our bank account/online third party transfer)

Date of transfer(DD/MM/YY)	
Your Bank Name & Address	
Transaction ID	

OR

- ONLINE PAYMENT (Using Debt/Credit card or Net Banking)**
(Using online link provided at our website/acceptance letter)

Date of Transfer(DD/MM/YY)	
Order ID/Transaction ID:	

Today's Date: ___ DD/ ___ MM/ ___ YYYY.

SIGNATURES

Author _____ Co-author (1) _____ (2) _____ (3) _____