CONFERENCE REGISTRATION FORM

ADVANCED RESEARCH SOCIETY FOR SCIENCE AND SOCIOLOGY

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:

1. All fields must be filled in **English with CAPITAL letters** only.

2. **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_____

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.

Declaration & Undertaking

1. I have not published this paper anywhere before and I am transferring the Copyright of my paper to ARSSS

2. 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.

3. ARSSS has all rights reserved to shift the venue, rescheduling the date and timing of the Event at any time.

4. 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 canceled by ARSSS and necessary action will be taken against me.

5. I have read all the rules and regulations at https://arsss.org/rules.php and I agree.

6. 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.

SIGNATURES

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