

Registration Form

| | | |
|-----------------------------------|---------------------------|------|
| Name of delegate / Designation | Dr. / Prof. | |
| Institute | | |
| Faculty | Arts / Commerce / Science | |
| Contact Phone | | |
| Email Id. | | |
| Paper Title | | |
| Payment Details | | Sign |

Registered by: _____

Sign. _____

Thanks from..
Team ICAS-17

