

Remarks:

AUTHOR REGISTRATION FORM

Call: +91 9952674016 E-mail: submissions@sairap.org Website: www.sairap.org_

Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference certificate.

Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.

All questions and inquiries concerning registration and payment should be addressed to: submissions@sairap.org

Please complete this form and email a scanned copy to: submissions@sairap.org

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Event Name								
Venue/Place of Event								
Date of Event								
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Note: It is mandatory to p	rovide	a scan copy of	ID Proof / Pass	sport <mark>alon</mark>	g with	this Registration	form	
ADDITIONAL INFORM	AATI()N						
Will you present phys	ically a	it the event			()	Y/N).		
No. of Persons attending the event with you? (Including your Co-authors) .								
• Will your Guide/HOD/Principal attending will attend the Event? (Y/N).								
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Declaration & Undert	_		d has CAIDAD and	:11				who issions@sairan ora
 I agree to the cancellation and refund policy stated by SAIRAP and will communicate any requests in writing to submissions@sairap.org I understand that SAIRAP is not responsible for my travel or accommodation arrangements and any losses due to changes in the event format, 								
venue, or schedule. 3. I acknowledge that my re	gistrati	on is non-refunda	ble but may be cr	edited for a	nother	SAIRAP conference	within	one year, as per the policy.
 I accept that SAIRAP res I confirm that I have read payment. 								l be provided for such changes. tration form within 3 days of
Signature (Author):					Da	nte:		