



REGISTRATION FORM

Category: (Please mark the relevant category)

- Official Nominee of (Name of the SAARC Member State)
- Other Participant

Personal Details:

1. Name (in block letters with surname underlined):

2. Nationality (please give National ID No. or Passport No.):

3. Postal Address:

Phone No.

FAX.

Email:

4. Institution of affiliation:

a. Present Designation:

b. Name and address, of the institute:

c. Name, designation, email and phone number(s) of the head of the institute:

5. Educational qualifications:

6. Awards and Distinctions*:

7. Publications*:

8. Title of the Proposed Paper/ Poster:

9. Whether attending with any accompanying person? Yes/ No

(If yes, please give the details)

a. Name of the accompanying person (in block letters with surname underlined):

b. Nationality (please give National ID No. or Passport No.):

10. Mode of payment of the Registration fee (not applicable for the official nominees of the SAARC Member States)

a. Through E-payment (Please indicate the Transaction Reference Number and date)

b. In cash at the Registration Desk

Place:

(Signature)

Date:

(Full Name)

*Please use extra sheets, if required