



REGISTRATION FORM

Category: (Please mark the relevant category)

- Official Nominee of (Name of the SAARC Member State)
- Other Participant Category A Category B Category C

Personal Details:

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

2. Nationality
 - 2.1 Host Country Participants (National ID No.):
 - 2.2 International Participants (Passport No.):

- 3.1 Postal Address:
- 3.2 Phone No. Mobile No. Whatsapp, Viber contact, 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 Details)
 - a. Name of the accompanying person (in block letters with surname underlined):
 - b. Nationality & Identification (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)