****

**SAARC CULTURAL CENTRE**

**SRI LANKA**

**SOUTH ASIAN ASSOCIATION FOR REGIONAL
COOPERATION (SAARC)**

**Annexure 2**

**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: Date:  | (Signature) (Full Name) |