ICACI 2019 - REGISTRATION FORM (Authors and Participants)
18th – 19th July 2019

[Accepted paper MUST be registered by at least one author]

A. Personal Details

<table>
<thead>
<tr>
<th>Name of the Author</th>
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</thead>
</table>

Affiliation details

PIN/ZIP code:

Nationality
- Indian
- Other (Specify)

Mobile

E-mail

Corresponding Address

Address 1

Address 2

City

State

Country

PIN/ZIP code

B. Details of Paper and Presenters

<table>
<thead>
<tr>
<th>Paper ID</th>
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Title of the Paper

Number of authors:

Name(s) of author(s) (in order as manuscript)

No. of Pages in Camera Ready Paper:

No. of Figure(s)

No. of Table(s)

Camera-ready Paper according to ICACI 2019 Guidelines

Yes / No

Copyright Submitted

Yes / No

Plagiarism in any form leads to non-publication of Paper?

Agree/ Disagree

Have authors received consent, if they have used third party material in Paper?

Yes / No

Name of Author presenting Paper:
C. Registration Fee Detail of the Author/ Participants

<table>
<thead>
<tr>
<th>Participants Name</th>
<th>Registration Fee</th>
<th>Additional Participant Fee</th>
<th>Additional Page cost (per page is ₹ 500/-, if pages greater than 12)</th>
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D. Payment Details (NEFT or RTGS)

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Amount in words:

Name of the Bank:

Account number:

Payment Proof Copy Attached: Yes/ No

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**Declaration**

I hereby declare that above statements made in this registration form are true to the best of my knowledge and belief. I understand and agree to term and conditions of ICACI 2019

Place: ______________________

Date: ______________________  Signature of the Author/Participants