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**REGISTRATION FORM**

5th National Conference on Innovations in Mechanical Engineering

**‘MARCH 17th -18th, 2017’**

|  |  |  |
| --- | --- | --- |
| Salutation | Dr./Prof./Mr./Ms./Mrs. | |
| Select Preference | * Listener/Attendee * Presenting Paper | |
| First Name |  | |
| Middle Name |  | |
| Last Name |  | |
| Designation | Professor/Associate Professor/Assistant Professor/Lecturer/Research Scholar/PG Student/UG Student | |
| Department |  | |
| Institute/Organisation |  | |
| Address for Correspondence |  | |
| Mobile Number |  | |
| Email ID |  | |
| Accommodation Required | Yes/No | |
| Interested for Lonavala Tour on 19th March 2017 | Yes/No | |
| Details of Registration Fees | Demand Draft | DD should be in favour of ‘Principal, Sinhgad Institute of Technology’, payable at Pune’ |
|  |  | DD Number: |
|  |  | Amount: |
|  |  | Bank Name: |
|  | Online Payment | **A/c Name:** Sinhgad Institute of Technology, Lonavala  **Bank Name:** Bank of Maharashtra  **Current A/C No**.: 60046979175  **Branch Name**: Lonavala  **Branch code:** 00075  **IFSC Code:** MAHB0000075  **MICR:** 4100140001 |
|  |  | Transaction ID: |
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Auto generated mail should be sent on registered (Corresponding Author Mail) after completion of registration form.