

Jaipur Engineering College and Research Centre Opp. EPIP Gate, Sitapura Industrial Area, Tonk Road, Jaipur, Rajasthan, India



3rdInternational Conference on Recent Innovations and Technological Development in Mechanical Engineering (ICRITDME-2020) APRIL 3 - 4, 2020

REGISTRATION FORM (Authors and Listeners)

[Each accepted paper MUST be registered by at least one author]

A. Perso	nal Det	ails [Fo	or autho	r and l	istener	(both)	regist	ration	1]	
Name of Registering Author										
Complete Affiliation										
(Designation, Department,										
Institution/Organization, PIN										
Code, Country)									Gender M/F	
Date of Birth	D	D	М	M	Y	Y	Y	Y	Gender	[M/F]
Nationality	Ind	lian	[Y/	N]	Other	(specify	y)		•	
Phone			•	Fa	ıx			•		
Mobile			E-mail							
Corresponding Address	Line 1									
	Line 2									
	City					State				
	Country					ZIP Code				
B. Articl	e and P	resente	r's Deta	ils [For	autho	rs regis	stratio	n only	/]	
Article ID										
Title of the Article										
Name(s) of Author(s) (in order as manuscript)	1									
	2									
	3									
	4									
No. of pages in Camera ready article			No. of	Figure			No. of	Table(s))	
Prepared Camera-ready Paper according to		g to		`	l	Consent to Publish				
ICRITDME-2019 guidelines?		=		[Y/N]		Form signed?				Y/N]
For Student registration, are yo	u attach	ing the	scanned	of proo	f of stu	dentshi	p?			Y/N]

		C. R	egistrat	tion Fee	Detail	S				
Registration Category	Foreign Delegate □/ Industrial Person □									
	Employed Professional □/ Research Scholar □/ Participant □									
Regular Charge	INR					USD				
Additional Charge (if any)	INR					USD				
Total	INR					USD				
Mode of Payment	Foreign Telegraphic Transfer □/ DD □/ NEFT □/ IMPS □/ Cash □ For bank details, please see Conference Brochure									
Transfer date	D	D	-	M	M	-	Y	Y	Y	Y
Transaction ID/ Payment Refer	ence No).								
Amount	in numerals									
	in words									
Name of the Bank (from where the fee has been transferred)										
Branch Name (from where the DD been made)										
Name of Account Holder										
Account Number										
I hereby declare that all the s	itatamai	ata mad		aration	_	Form	oro tr	ua ta tl	no host o	.f.mv
knowledge and belief. I un d conference, may lead to cano	erstand	and ag	ree that	t, any fo	orm of	canva	ssing,	if foun		
Place:										
Date:	Signature of the Registering Author/Listener									