



Registration Form

Paper Details

Paper ID:
Paper Title:

Personal Details

Name: (Prof./Dr./Mr./Ms./Mrs.)
Affiliation:
Email ID:

Corresponding Author (Only Single Name) Details

Name: (Prof./Dr./Mr./Ms./Mrs.)
Affiliation:
Email ID:

Payment Details

You are registering as (please tick)	<input type="checkbox"/> Author	<input type="checkbox"/> Participant
Number of pages in final paper:		
Registration Fee:		
Name of Bank:		
Date of Transaction:		
Transaction ID:		
INB Reference Number:		

Note: Email the snapshot of payment receipt of registration and registration form at icvmwt2021@gmail.com