







Registration Form

Paper Details

Paper ID:	
Paper Title:	
Personal Details	
Name: (Prof./Dr./Mr./Ms./Mrs.)	
Affiliation:	
Contact Number:	
Address:	
City:	PiirZip Code:
Country:	
Email ID:	
Payment Details	
You are registering as (please tick) Auth	nor 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 icissispringerconference@gmail.com