







Registration Form

Paper Details			
Paper ID:			
Paper Title:			
Personal Details			
Name: (Prof./Dr./Mr./Ms./Mrs.)			
Affiliation:			
Email ID:			
Corresponding author (only single i	name is allowed) o	letails	
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Payment Details			
You are registering as (please tick)	Author	Participant	
Number of pages in final paper:			
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Name of Bank:			
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Signature (with date)

Name

Note: Email the snapshot of payment receipt of registration and registration form at icissis2022springerconference@gmail.com