



## Registration Form

### Paper Details

Paper ID:

Paper Title:

### Personal Details

Name: (Prof./Dr./Mr./Ms./Mrs.)

Affiliation:

Contact Number:

Address:

City:

Pin/Zip Code:

Country:

Email ID:

### Payment Details

You are registering as (please tick)

Author

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Participant

Number of pages in final paper:

Registration Fee:

Name of Bank:

Date of Transaction:

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**Note:** Email the snapshot of payment receipt of registration and registration form at [icvmwt2021@gmail.com](mailto:icvmwt2021@gmail.com)