



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

Are you an IEEE Member (please tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, IEEE Membership Number:		
You are registering as (please tick)	Author	<input type="checkbox"/> Participant
Number of pages in final paper:		
Registration Fee:		
Extra page fee:		
Total 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