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| *All questions and inquiries concerning registration**and payment should be addressed to*:**abstracts@iarfconference.com** | *Please complete this form and email a scanned copy to:***abstracts@iarfconference.com** |

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| Event Name |  |
| Venue/Place of Event |  |
| Date of Event |  |

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| PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT |
| Full Name |  | Highest Qualification |  |
| Affiliation/Designation |  |
| Mailing Address |  |
| City, Zip, Country |  | Passport Number: |
| Mobile(With Country code) |  | Email |  |
| ACCEPTED PAPER INFORMATION | **Paper ID:**  Title of the paper: Author’s Name:  |
| Co-Author’s Name & Designation |  | 2. | 3. | Guided by:Mail ID:Contact No:Affiliation: |

**PAYMENT INFORMATION**

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***Note: It is mandatory to provide a scan copy of ID Proof /Passport along with this Registration form***

**ADDITIONAL INFORMATION**

* Will you present physically at the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Y/N).

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(the photo should match your Passport)

* No. of Persons attending the event with you?(Including your Co-authors)\_\_\_\_\_\_.
* Will your Guide/HOD/Principal attending will attend the Event?\_\_\_\_\_\_\_\_\_(Y/N).

**Declaration & Undertaking**

*1. I have not published this paper anywhere before and I am transferring the Copyright of my paper to IARF.*

*2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue at any Country during my Visa Period.*

*3. IARF has all rights reserved to shift the venue, rescheduling the date of the Event.*

*4. I do here by declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by IARF and take necessary action against me.*

*5. IARF is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during the Event.*

Signature (Author): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_