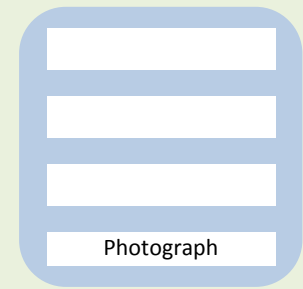




CREENTIAL FORM

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Conference Title		Venue/Place		Date	
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DESIGNATION (Put P Mark)	Dr. <input type="checkbox"/>	Professor. <input type="checkbox"/>	Asst. Prof. <input type="checkbox"/>	Student <input type="checkbox"/>		
Name				AGE		
				SEX		
Affiliation						
University Address						

Personal Address		CITY	
Zip/Postal Code		COUNTRY	
Mobile Number		Passport Number	
Alternative Contact		Email:	

Each Registration includes Conference activities, (Complementary facilities will also be provided such as Conference KIT, Tea & Snacks, lunch (Dinner if applicable). Conference proceedings with ISBN along with Presentation/Attending Certificate will be provided to each registered candidate.

Note:

1. It is mandatory to provide a scan copy of ID Proof along with this Registration form
2. Management will not entertain transportation, accommodation or any kind of conference tour.

Attendance INFORMATION

- Physically Attending (Y/N) _____
- No. Of Extra Persons Attending _____.

Amount Paid(USD)	
Payment Mode	
Bank Name	
Remitter	
Date	
Ref. No	
For online transfer(Credit card/Online Banking)	
Order ID/Transaction ID:	
Date of Transaction:	

Signature: _____

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