



Registration Form for Participation

1. Personal Details

Name: Dr./Mr./Ms./Prof. _____
Affiliation and Designation _____
Sex (Male/Female) _____

2. Food Preferences

Vegetarian/Non-vegetarian

3. Contact Information

Postal Address: _____

Telephone No. : _____ Mobile No. _____ Fax _____
Email : _____

4. PaymentDetails

Account Number : _____
Registration Amount: Rs./USD _____
Date of transaction : _____ : Total No. of persons _____
with details (transaction id)

The above information is correct to the best of my knowledge.

Date:

Signature

- All payment is to be made through NEFT to the account: KGEC-BLOCK GRANT, A/c No: 30091862464, State Bank of India, Industrial Growth Centre, Kalyani, IFSC: SBIN0006701.
- Scanned copy of payment proof along with this form is to be forwarded to the Program Chair of CICBA 2018 (cicba.2018@kgec.edu.in).
- For any clarification contact PC Chairs CICBA -2018 at cicba.2018@kgec.edu.in. Call: 9830040558/ 9475413463/ 8777724250

Registration Fees: Only Participation

| Student/ Research Scholar | Other |
|---------------------------|----------|
| Rs. 1500 | Rs. 2000 |