

TECHNICAL RESEARCH ORGANISATION INDIA

Registration form

PERSONAL INFORMATION

Author's Name:		Paper ID	
Position: Professor/ Associate Professor/ Assistant Professor/ Lecturer/ PhD Candidate/ Postgraduate/Student			
Organization or University:			
Detailed Post Address (Important!):			
City:	State:	Country:	Pincode:
Sex:	Mobile(Mandatory):	Email:	
Paper ID Code:			
Paper Title:			
Co-Authors' Names(Mention all Coauthors name):			
Coauthors affiliation:			
Guided by:(Mention name, email ID, mobile no, affiliation) Mandatory :			

REGISTRATION FEES

Category	Indian	International	
Under Graduate Students	₹ 2,000 <input type="checkbox"/>	\$ 150 <input type="checkbox"/>	
Post Graduate Students	₹ 2,700 <input type="checkbox"/>	\$ 200 <input type="checkbox"/>	
Industry Professional/ Academicians	₹ 3,500 <input type="checkbox"/>	\$ 275 <input type="checkbox"/>	
Co-Author / Listener (if Attending)	₹ 2,000 <input type="checkbox"/>	\$ 100 <input type="checkbox"/>	

ADDITIONAL FEES

Additional Conference Proceeding Hard Copy:	_____ (Number) X ₹ 500 / \$ 30	
Additional Conference Certificate Hard Copy:	_____ (Number) X ₹ 200 / \$ 20	
Additional Paper (Per Page) [limit is 7 pages]	_____ (Number) X ₹ 100 / \$ 10	

Payment Instructions:

Payable to : TECHNICAL RESEARCH ORGANISATION INDIA

Account Number : 1270102000005647

Bank : IDBI BANK

Branch Name : ESPLANADE, KOLKATA

Branch Code : 001270

IFSC Code : IBKL0001270

Note: After Registration, Please Send the Transaction Details (such as Photo Copy or Scan Copy of Transaction Slip / Bank Statement / Online Payment Details) along with Enrolment No. by Email or by Speed Post Only.

Bank Name :

Transaction Number:

Date of Transfer/Deposit:	Amount:

DATE:

PLACE:

SIGNATURE:

Enquiries:

CONFERENCE SECRETARY, TROI

E-mail: icmpiae.mysore@outlook.com

icmpiae.mysore@gmail.com

CONTACT NO:07504292808

