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All questions and inquiries concerning registration and payment should be addressed to:
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Please complete this form and email a scanned copy to:
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ICHMR Event Name	
Venue/Place of Event	
Date of Event	

PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT

Author's Full Name (Prof./Dr./Mr./Mrs.)		Highest Qualification	
Affiliation/Designation			Nationality
Mailing Address			Age
City, Zip, Country		Passport Number:	
Mobile(With Country code)/ or Whatsapp Number		Email ID	
ACCEPTED PAPER INFORMATION	Paper ID: Title of the paper:		
Co-Author's Name & Designation	1.	2.	3. Guided by: Mail ID: Contact No: Affiliation:

PAYMENT INFORMATION

Total Amount (USD)	Bank Name	Remitter	Date	Ref. No
	For online transfer (Debit card/Credit card/Online Banking)	Order ID/Traction ID:		

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

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1. I have not published this paper anywhere before and I am transferring the Copyright of my paper to GSRD
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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 GSRD and take necessary action against me.
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6. I and all my co-authors have read all information provided in the official website <https://gsrd.co/rules.php> and agreed the Rules and regulations provided in the page <https://iserd.co/rules.php> of the conference

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