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**Registration Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Form**

**Dates of Conference:** 10th & 11th February 2025

**Venue:** Hotel Mountview, Sector 10, Chandigarh

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of Participant | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Designation | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Institute  | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Address for Communication |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | E-mail ID | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Mobile/Phone number | : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Registration Fee Paid (Kindly refer to the concept note) for fee to be paid | : |  | Rs. \_\_\_\_\_\_\_\_\_/- for students/NGOs/PUs (enclose valid photo ID card) |
|  |  |  |  |  |  |  |
|  |  |  | Rs. \_\_\_\_\_\_\_\_\_/- for Others |
|  |  |  |  |  |
|  | Mode of payment of registration fee |  |  | Cheque\* |  | DD\* |  | Cash |  | ECS/NEFT\*\* |
|  |  |  |  |  |  |  |  |  |  |
| **\***Cheque/DD should be in favor of “AIDSCON Chandigarh SACS” **\*\***Account Name: “AIDSCON - Chandigarh SACS” Branch Address: SBI, Sector 16, Chandigarh. Bank Account No. – 39760390777, IFSC code – SBIN0050736 (Enclose copy of deposit slip)If through NEFT/ECS/Net banking then quote: - UTR No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Transaction date \_\_\_\_\_\_ |
|  | Signature of the candidate |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Date |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

For Official Use Only

Fee Receipt Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_