|  |  |
| --- | --- |
| wad2011head.jpgSACS_Logo_original.jpg |  |

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_