

REGISTRATION FORM
53rd ANNUAL CONFERENCE - AMTI

1. **Name (in capitals):** _____

2. **Designation** : _____

3. **Gender (put ✓)** : Male: Female:

4. **Age** : **Student(put ✓)** : **Teacher (put ✓)** :

5. **Contact Address** : _____

_____ **PINCODE:** _____

State _____

Phone (with STD code) : _____

Cell : _____

E. mail : _____

6. **Type of delegate:**
(Tick ✓ as applicable)

Life
Institutional
Non-Member

7. **Types of participation :**
(Tick ✓ as applicable)

Delegate and Paper Presenter
Delegate and Exhibit presenter
Delegate only

8. **Title of the paper :** _____

Write the name of the co-presenter

1. _____ 2. _____ 3. _____

9. **Title of the exhibit :** _____

Write the name of the co-exhibit presenter

1. _____ 2. _____ 3. _____

10. **Delegate amount Details:**

Amount : Rs. _____ **DD No.:** _____ **Date :** _____

Name of the Bank: _____

Transfer details _____ **Date:** _____

11. **Expected Date and Time of ARRIVAL :** _____

12. **Expected Date and Time of DEPARTURE :** _____

13. **Signature with date:** _____