



Registration Form

Delegates Details *(please select)*

() Prof. () Dr. () Mr. () Mrs. () Ms.

First Name _____ Last Name _____ Gender _____

Organization _____ Position _____

Name for badge (if different from above) _____

Address _____

State _____ Country _____ Phone _____ Mobile _____

Email id _____ Required visa invitation letter (y/n) _____

Standard Reg. Single Day Reg.

REGISTRATION FEE *(Please tick the appropriate box)* _____

India and SAARC Delegate _____

Student-India and SAARC Countries _____

Banquet (4-November-2014) _____

Total Fee = _____

.....
(Please mention your date)

Registration Category	Standard Reg.	Single Day Reg.
India and SAARC Delegate	INR 10,000	INR 3,000
Student and SAARC Delegate	INR 8,500	INR 2,000
Banquet Fee	INR 2,400	INR 2,400

Banquet for Accompanying Person *(if apply)*

1. _____

2. _____

3. _____

SAARC Countries:

Afghanistan India Pakistan
Bangladesh Maldives Sri Lanka
Bhutan Nepal

Payment Terms

A Bank Draft / Bankers Cheque No.dateddrawn in
favour of " _____ " payable at New Delhi, drawn on at
..... for a sum ofis enclosed herewith.

Payment can also be made through Internet or Bank transfer using following details:

A/c Name : Indian National Science Academy
A/c No. : 90172010044878
Bank Name : Syndicate Bank
Bank Address : 4 Bahadur Shah Zafar Marg, IP Estate
New Delhi - 110 002
IFSC Code : SYNB0009017

Details of Transfer
Transaction No. _____
Date _____
Transaction Amount _____

In case of Internet or Bank Transfer, please send a soft copy of payment transaction along with registration form to
Email: reg.scidatacon@gmail.com

This form, along with payment, should be sent to:

Secretariat Address:
Dr. Brotati Chattopadhyay
Assistant Executive Director (International)
Indian National Science Academy, Bahadur Shah Zafar Marg,
New Delhi - 110002

Signature