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**SAARD LiSTNER Registration Form  
Society for Advanced Academic Research and Development (SAARD)**  
e-mail : [info.saard.org@gmail.com](mailto:info.saard.org@gmail.com)  
web: [http://saard.org](http://saard.org/)

*Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference proceedings with ISBN. Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.*

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| *All questions and inquiries concerning registration*  *and payment should be addressed to*:  [info.saard.org@gmail.com](mailto:info.saard.org@gmail.com) | | | *Please complete this form and email a scanned copy to:*  [info.saard.org@gmail.com](mailto:info.saard.org@gmail.com) | | | | | | | |
| Event Name | |  | | | | | | | | | |
| Venue/Place of Event | |  | | | | | | | | | |
| Date of Event | |  | | | | | | | | | |
| SAARD Listner Reg. ID | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Full Name  (Prof./Dr./Mr./Mrs.) |  | | | Highest Qualification | |  | | | | | |
| Affiliation/Designation |  | | | | | | | **Nationality** | |  | |
| Mailing Address |  | | | | | | | | **Age** |  | |
| City, Zip, Country |  | | | | Passport Number: | |  | | | | |
| Mobile(With Country code)  (Whatsapp Number) |  | | | | Email | |  | | | | |
| **Purpose to Attend the Conference/event** |  | | | | | | | | | | |
| |  | | --- | | **Your Topic of Research/Interest** | |  | | | | | | | | | | |

**PAYMENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Amount (USD) | Bank Name | Remitter | Date | Ref. No |
|  |  |  |  |  |
| **For online transfer (Debt 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***

Photo Here   
(the photo should match your Passport)

**Mandatory**

**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).
* Total years of Experience (if any Academic and Industry)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration & Undertaking**

**1.** I will not cause or be involved in any sort of violence or disturbance, within or outside of the

Conference/Event Venue and during my travel to the venue in any Country during my Visa Period.

**2.** SAARD has all rights reserved to shift the venue, rescheduling the date and timing of the Event at any time.

**3.** In case of cancellation or re-scheduled of this event to other place or date at any time , **SAARD will be not responsible for any kind of financial loss due to ticket cancellation or any other bookings done** by me or my co-authors.

**4.** I do hereby declare that all the information given by me is true and if at any moment it is found to be wrong, my registration for the event will be cancelled by SAARD and necessary action will be taken against me.

**5.** SAARD is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during or after the Event.

**6.** The refund will be done if decided by SAARD management will be done as the same mode as I paid and will take 7 to 60 days from the day of refund process starts.

**7.** This conference/seminar is a multidisciplinary in nature which may have presentations other than my interest.

**8.** I clearly understood the procedure for publication, registration and attending the seminar. I have read all the rules and regulations at <http://saard.org/rules_regulations.php> and above Declaration & Undertaking and I agree*.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(DD/MM/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_