####  Society for Advanced Academic Research and Development (SAARD)

**CONFERENCE REGISTRATION FORM**

|  |  |
| --- | --- |
| REGD. ID/PAPER ID. |  |
| PAPER TITLE(NOT APPLICABLE FOR LISTNER REGISTRATION) |  |
| NAME  |  |
| **Highest Qualification** |  | **Age** |  |
| **Affiliation/Designation**  |  |
| **Nationality** |  | **Passport Number** |  |
| **Mailing Address or** **Postal Address** **(with country and PIN Code)** |  |
| **Mobile Number****(With Country code)****Or Whatapp Number** |  |
| **Email ID** |  |
| **Co Author Details** | **1.****2.****3.** |

SAARD

 

**ADDITIONAL INFORMATION (Mandatory to fill all)**

* Will you be present physically at the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Y/N).
* No. of persons attending the event with you?(Including your Co-authors)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Will your Guide/HOD/Principal be attending the Event?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Y/N).
* Total years of experience (if any, in the field of Academics or Industry)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Tell us how you came to know about this conference or event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Are you informed about all rules and regulations of ARSSS for attending the conference and publishing the paper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Y/N).
* **This paper was guided by (Guide’s Information).** Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REGISTRATION DETAILS**

**Amount Transferred**

* **OFFLINE PAYMENT**

 (Using NEFT/Cash deposit to our bank account/online third party transfer)

|  |  |
| --- | --- |
| Date of transfer(DD/MM/YY) |  |
| Your Bank Name & Address |  |
| Transaction ID |  |

**OR**

* **ONLINE PAYMENT (Using Debt/Credit card or Net Banking)**

 (Using online link provided at our website/acceptance letter)

|  |  |
| --- | --- |
| Date of Transfer(DD/MM/YY) |  |
| Order ID/Transaction ID: |  |

Today’s Date: \_\_\_\_\_DD/\_\_\_\_\_\_MM/\_\_\_\_\_\_\_\_YYYY.

Declaration & Undertaking

**1**. I and my co-authors have not published this paper anywhere before and I am transferring the Copyright of my paper to SAARD to print in the Conference Proceeding and Journals decided by SAARD Management.

**2**. 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.

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

**4**. 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.

**5**. 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.

**6**. 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.

**7.** 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.

**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.

 **In USD / INR**

SIGNATURES

Author\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-author (1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Author’s Signature is mandatory only) Note: Send a Scanned copy of this filled up form to our official mail ID only*

*Remarks if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* All rights Reserved by SAARD*

***Paste your photo here (Mandatory)***

***(Photo must match your passport or Govt. Issued ID card )***

**Instructions:**

1. All fields must be filled in **English with CAPITAL letters** only.

2. **All fields are MANDATORY** to be filled

NAME OF EVENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE of Event (DD/MM/YY): \_\_\_\_/\_\_\_\_\_/\_\_\_\_

PLACE OF EVENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_