Registration Form

1. Name in Block Letters:
2. Designation:
3. Life Membership No (if applicable)
4. Mailing Address with PIN Code:
X
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Name of the Control o
(Entire correspondence will be through e-mail)
Contact Number with country & local code
E-mail :
WIODITE
Office :
Residence:
Demand draft No Amount . Ns.
Date://2018 Bank:
Category: National Delegate []
Category: National Delegate [] Research Scholar/Student [] Accompanying person [] (Research Scholars/students are requested to submit ID card from the University as a proof.)
Accompanying person []
(Research Scholars/students are requested to submit ID card from the University as a proof.)
Payable at (Name of the bank): American and the same of the bank):
I am interested in contributing a paper
If Yes, send the abstract to aietctirupati2019@gmail.com by
clearly mentioning the sub theme.
Title of the paper
Sub theme (mandatory):
Odd theme (mandatory).
I need accommodation: YES[]/NO[]
meed accommodation. TEST J/NOT J
If Yes mail to aietctirupati2019@gmail.com
I am accompanied by my family and need hospitality and
accommodation for them on payment basis:
accommodation of themorpayment basis.
YES[]/NO[] If Yes, Number of persons:
TES[/ NO[] If res, Number of persons
Downsont Portioulous DD, No. Doto:
Payment Particulars DD No Date:
Bank: Branch:
Amount: Rs
(Very limited accommodation on "first come, first served" basis)
Note: Those who wish to participate should send e-mails to the
sections concerned along with print form of registration duly
signed along with the DD drawn in favour of "The Local
Secretary, 63rd AIETC, S.V.University, Tirupati - 517502",
payable at Andhra Bank, SV University Campus, Tirupati.
Date : Signature of the Applicant
Place ·