**ICACIE 2022 - REGISTRATION FORM (Authors and Listeners)**

[Each accepted paper MUST be registered by at least one author]

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| **A. Personal Details [ For listener / author registration]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of registering Author | | | | | |  | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | |  | | | | | | |  | | | | |  | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | | |  | | | |  | |
| Complete Affiliation (designation, department, Institution / Organization, State, PIN Code, Country) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gender | | | | | | Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Female | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nationality | | | | | | Indian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other (Specify) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | | | | |  | | | |  | | |
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| Corresponding Address | | | | | | Street Name 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Name 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **B. Article and Presenter’s Details [For author registration (Listeners please leave section B blank)]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Article ID | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title of the article | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of authors: | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | Number of pages in Camera ready article: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | |  | | | |
| Name(s) of author(s)  (in order as manuscript) | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. of Pages in Camera Ready: | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | No. of Figure(s) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | No. of Table(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | |
| Prepared Camera-ready Paper according to Springer guidelines? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | | | | *Consent to Publish* Form signed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | | | | | | | | | | |
| For Student registration, are you attaching the xerox/scan of proof of studentship? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have authors received permission if they have used third party material in article? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | Not used | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Presenter: | | | | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | |  | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | |  | | | | | |  | | | | |  | | | |  | | | | |  | | | | | |  | | | | |
| Presentation slides MUST be mailed to icacie2022@gmail.com before 10-Dec-2022. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number of presenter: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Food habit | | | | | | | | | | | | | | | | | | Vegetarian | | | | | | | | | | | | | | | | | | | | | | Non- Vegetarian | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Registration Fee Detail [ For listener / author registration]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Registration category | | | | | | | **Author** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Listener** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student | | | | | | | | | | | | | | | | | | Academician | | | | | | | | | | | | | | | | | | | | | | | | | | Industry | | | | | | | | | | | | | | | | | | | | | | | | | | Listener | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regular Charge | | | | | | | INR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | USD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Page Charge (for authors only) | | | | | | | INR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | USD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Mode of payment (tick below and fill left column or right column accordingly)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Online Transfer (Foreign Telegraphic Transfer or Direct Transfer or NEFT Transfer or RTGS Transfer or Wire Transfer or Direct Transfer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Demand Draft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transfer Date | D | D | / | | M | | | M | | | | | | / | | | | | Y | | | | | Y | | | | | | | | Y | | | | | Y | | | | | DD Date | | | | | | | | | | | | | | D | | | | | | | D | | | | | | | | / | | | | M | | | | | | | | M | | | | | / | | | | Y | | | | | | Y | | | | | Y | | | | | | | Y | | | | | | | |
| Transaction ID |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DD number | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| Amount (in numerals) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Amount (in numerals) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount in words | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Amount in words | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of the Bank (from where the fee has been Transferred) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the Bank (from where the DD has been made) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Account holder from whose account the transfer has been made | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of Account holder from whose account the DD has been made | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Account number (from where the fee has been Transferred) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Branch name (from where the DD been made) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch name (from where the fee has been Transferred) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I remember to scan the DD and am sending the scan through mail along with this registration form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I remember to scan the proof of the payment and am sending the scan through mail along with this registration form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I remember to post the original DD timely so that it will reach before the deadline. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Declaration**

I hereby declare that all the statements made in this Registration Form are true to the best of my knowledge and belief. I understand and agree that, any form of canvassing, if found before or after the conference, may lead to cancellation of registration without any prior notice.

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| Place: |  |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of the Registering Author/Listener |