



Sathyabama Institute of Science and Technology, Chennai-600119, India

# **REGISTRATION FORM**

Nature of Participant: Academi	ician	□ Scientist	☐ Student	Industrialist	□ Others
Name:			Gender:	□ Male	Female
Designation:					
Organization:					
Address for communication:					
City:	Country:		Zipcode:		
Telephone (with area code): Email:			Mobile:		
Title of the Paper :					

## **PAYMENT DETAILS**

Demand Draft in favor of "Dean (Publications & Conferences), Sathyabama Institute of Science and Technology", payable at Chennai, INDIA.

# Demand Draft Amount:

Demand Draft Number& Date:

Drawn on Bank and Branch:

# WIRE TRANSFER DETAILS

Account Name	"Dean (Publications & Conferences), Sathyabama Institute of Science and Technology "
Account Number	891734627
IFSC CODE	IDIB000T020
SWIFT CODE	IDIBINBBTLT
BRANCH CODE	098
Bank, Branch & Address	Indian Bank, Thousand Lights Branch, Chennai - 600 006, India.

#### WIRE TRANSFER PAYMENT DETAILS

Transaction Identification Number: Payment Receipt Number: Mail the Completed forms at the earliest to,

Email ID: icccaiconf@gmail.com

## Contact us

Dr.A Sivasangari : 9840159890 Dr.P.Ajitha : 9884488462 Dr.G.Nagarajan : 9444173937