



REGISTRATION FORM

All the questions concerning registration and payments should be addressed to info.ygmro@gmail.com

Event Name	
Venue	
Date	

Author's Name (Prof/Dr/Mr/Ms)	
Designation	
Nationality	
Age	
Mailing Address	
Mobile Number	
Email	

Accepted Paper Information

Paper Id	
Paper Title	
Co-Authors Name & Designation	1 2 3
Guided by Mail ID Contact Number Affiliation	

Payment Information

Remitter	Date	Bank Name	Total Amount	Reference No

For Online Transaction (Debit card/Credit card/Online Transfer)

Transaction Id:

Additional Information

- **Total Number of persons attending the event (Including Co-authors):** _____
- **Will you attending event (Physically/ Online presentation/ Inabsentia):** _____
- **Experience (in Research):** _____

Declaration & Undertaking

1. I have not published this paper anywhere before and I am transferring the Copyright of my paper to ICPHE
2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue at any Country during my Visa Period.
3. ICPHE has all rights reserved to shift the venue, rescheduling the date of the Event.
4. I do here by declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by ICPHE and take necessary action against me.
5. ICPHE is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during the Event.

Corresponding Authors Signature:

Date:

Remarks(if any):