



ICIAHP-2017

(November 12-14, 2017)

REGISTRATION FORM

Name (CAPITAL LETTERS): _____

Gender: Male / Female Date of Birth: _____ Age: _____

Affiliating Institution: _____

Mailing Address: _____

City: _____ State: _____ Pin code: _____

Mobile No: * _____

Email Id * _____

***Mobile No. and Email ID is mandatory to provide for communicating with organizer**

Presenting paper: YES / NO

Life Member: YES / NO Life Membership Number: _____

Title of paper: _____

No. of Accompanying Persons: _____

Accommodation Required: Yes / No

Date and Time of Arrival: _____

Date and Time of Departure: _____

Delegate Category: _____

Registration Fee Payment Details:

All payment are to be made by demand draft (DD) in favour of "ICIAHP-2017" Payable at Lucknow or Online NET Banking payment to Vijaya Bank, Hazratganj Branch, Lucknow(U.P.) A/C No. 710600301000500 (IFSC Code no : VIJB0007106).

Please mention in the registration form and also intimate by e-mail about the Online NET Banking payment of registration fee to: iciahp2017@gmail.com