

37th INCA INTERNATIONAL CONGRESS REGISTRATION FORM

Name/Prof./Dr./Mr./Mrs/Ms. _____

Designation and Office _____

Address _____

City _____ State _____ PIN _____

Phone :(O) _____ Mobile _____ Email _____

Whether member of INCA? _____ (if yes) your LM No _____

Category (please tick one): Indian /Foreign _____

Status (please tick one): Delegate / Student / Senior / Sponsor / Exhibitor / Author _____

If with accompanying person :(Yes/No) _____ (if yes)

1) (Name) _____ Relation _____

2) (Name) _____ Relation _____

3) (Name) _____ Relation _____

If author please give title of your paper _____ in the sub theme

Accommodation: Star Hotel/Other Hotels/Guest House/ Hostel _____

Type: (1) Single (2) Double (3) Shared Accommodation _____

Payment details: (In favour of "37th INCA International Congress" payable at Dehradun)

Registration for _____

(a) Self : _____

(b) Registration for Accompanying Person: _____

(c) Accommodation Charges: _____

(d) Total _____

DD NO _____ Bank/Branch _____ Dated _____

BRIEF PARTICULARS (FOR FOREIGN DELEGATES)

Full Name (In Block Letters) _____

Nationality _____ DOB _____ Place: _____

Father's Name _____ Mother's Name _____

Permanent Address _____

Passport No _____ Date of Issue _____ Validity _____

Place of Issue _____ Country _____ Occupation _____

Whether previously visited India? YES/NO If yes,

Period From _____ To _____ Place _____

Purpose _____

BRIEF PARTICULARS ABOUT THE ITINARY

Meal Preference (Veg/Non Veg) _____

Arrival (Date and time) _____ Mode (Air/Train/Bus) _____

Duration of stay: From _____ To: _____

Departure (Date and time) _____ Mode (Air/Train/Bus) _____

Date: _____

Place: _____

Signature: _____