



February 4-8, 2019 | NITTR, Kolkata

Registration Form

PERSONAL INFORMATION

SALUTATION, TITLE

Prof. Dr. Mr. Ms.

FULL NAME (Kindly write your full name in CAPITAL Letters)

GENDER

M F

NAME PREFERRED IN SEMINAR ID CARD

POSITION / DESIGNATION

DIETARY RESTRICTIONS

MOBILE NO. (Country Code+Mobile No.)

E-MAIL ADDRESS (Office or Personal Email Address)

COMPANY NAME

OFFICE FULL ADDRESS

(Dept/Div/Unit/Faculty + Ministry/Institution + Street Name & Number + Municipality City + Province + Zip Code, Country)

FOR INTERNATIONAL DELEGATES/PARTICIPANTS ONLY

NATIONALITY

PASSPORT NUMBER

PASSPORT DATE OF EXPIRY (Day / Month / Year)

IMMEDIATE CONTACT PERSON IN CASE OF EMERGENCY

NAME

RELATION

MOBILE NO. (Country Code+Mobile No.)

REGISTRATION FEE (Please select where appropriate)

CATEGORY	Without Accommodation		With Accommodation	
	Early Registration	Late Registration	Early Registration	Late Registration
Industry Participants	<input type="checkbox"/> INR 12000	<input type="checkbox"/> INR 14000	<input type="checkbox"/> INR 18000	<input type="checkbox"/> INR 20000
Faculty Member	<input type="checkbox"/> INR 8000	<input type="checkbox"/> INR 10000	<input type="checkbox"/> INR 13000	<input type="checkbox"/> INR 15000
Regular Students	<input type="checkbox"/> INR 6000	<input type="checkbox"/> INR 8000	<input type="checkbox"/> INR 10000	<input type="checkbox"/> INR 12000
International Participants	<input type="checkbox"/> USD 200	<input type="checkbox"/> USD 250	<input type="checkbox"/> USD 250	<input type="checkbox"/> USD 300

Transaction Number:

Transaction Date:

Bank Name:

PAYMENT MODE

Please pay registration fee through bank transfer using the account details given below:

Name of Account: **Director NITTR Kolkata**
 Bank Account No.: **911010001723267**
 Bank Name: **Axis Bank Ltd.**
 Bank Address: **Salt Lake, Sector-III, Kolkata-700106**
 IFSC Code: **UTIB0000775**
 Swift/MICR Code: **700211046**

Please register online or download this form at <http://www.nittrkol.ac.in/iwaml2019> and send it after filling on or before **27th Jan, 2019** by email to iwaml@nittrkol.ac.in

Enquiry:

Dr. Kamlesh Tiwari

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Signature of Participant