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Registration form for Conference/Seminar for **Listners**

**Asian Society for Academic Research(ASAR)**

**Multi-disciplinary and cross-faculty initiative  
 Official Website:** www.asar.org.in

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|  | | |  | | | | | | | |
| Event Name | |  | | | | | | | | | |
| Venue/Place of Event | |  | | | | | | | | | |
| Date of Event | |  | | | | | | | | | |
| ASAR  Listner Reg. ID | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Full Name  (Prof./Dr./Mr./Mrs.) |  | | | Highest Qualification | |  | | | | | |
| Affiliation/Designation |  | | | | | | | **Nationality** | |  | |
| Mailing Address |  | | | | | | | | **Age** |  | |
| City, Zip, Country |  | | | | Passport Number | |  | | | | |
| Mobile(With Country code)  (Whatsapp Number) |  | | | | Email Id | |  | | | | |
| **Purpose to Attend the Conference/event** |  | | | | | | | | | | |
| |  | | --- | | **Your Topic of Research/Interest** | |  | | | | | | | | | | |

**PAYMENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Amount USD/INR | Bank Name | Remitter | Date | Ref. No |
|  |  |  |  |  |
| **For online transfer (Debt card/Credit card/Online Banking)** | **Order ID/Traction ID:** | | |

***Note: It is mandatory to provide a scan copy of ID Proof/Passport along with this Registration form***

Photo Here   
(the photo should match your Passport)

**Mandatory**

**ADDITIONAL INFORMATION**

* Will you present physically at the event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Y/N).
* No. of Persons accompany with you for this event?\_\_\_\_\_\_\_\_\_\_\_
* Will your Guide/HOD/Principal attending will attend the Event?\_\_\_\_\_\_\_\_\_(Y/N).
* Total years of Experience (if any Academic and Industry)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Declaration & Undertaking**

**1.** I will not cause or be involved in any sort of violence or disturbance, within or outside of the

Conference/Event Venue and during my travel to the venue in any Country during my Visa Period.

**2. Asian Society for Academic Research(ASAR)** has all rights reserved to shift the venue, rescheduling the date and timing of the Event at any time.

**3.** In case of cancellation or re-scheduled of this event to other place or date at any time , **ASAR will be not responsible for any kind of financial loss due to ticket cancellation or any other bookings done** by me or my co-authors.

**4.** I do hereby declare that all the information given by me is true and if at any moment it is found to be wrong, my registration for the event will be cancelled by ASAR and necessary action will be taken against me.

**5.** ASAR is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during or after the Event.

**6.** The refund will be done if decided by ASAR management will be done as the same mode as I paid and will take 7 to 60 days from the day of refund process starts.

**7.** This conference/seminar is a multidisciplinary in nature which may have presentations other than my interest.

**8.** I clearly understood the procedure for publication, registration and attending the seminar. I have read all the rules and regulations at [**http://www.asar.org.in/rules.php**](http://www.asar.org.in/rules.php) and above Declaration & Undertaking and I agree*.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(DD/MM/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please complete this form and email a scanned copy to:* [**papers.asar@gmail.com**](mailto:papers.asar@gmail.com)