



REGISTRATION FORM FOR  
APSECRCON-2019 at  
ABHILASHI UNIVERSITY, HP



All fields are mandatory. Incomplete forms will be rejected.  
KINDLY MAKE ALL ENTRIES IN BLOCK LETTERS

Name: Prof./Dr./Mr./Ms. \_\_\_\_\_  
(First Name) (Middle Name) (Surname)

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_

Designation (If student mention UG/PG/Ph.D): \_\_\_\_\_

University/College/Affiliation: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Delegate Registration (Tick the appropriate box; mention APSECR registration number in case of registration under APSECR Student Membership):

APSECR Student Member	Students	Faculty / Scientists	Industry Members	Int'l Participants
₹600	₹800	₹1,200	₹2,000	₹2,500
	AFTER 08th April: INR 1,200	INR 2,000	INR 2,500	INR 3,000

APSECR Student Membership Number (if applicable): \_\_\_\_\_

Amount (in words also): \_\_\_\_\_

PAYMENT ID: \_\_\_\_\_

**Note:** Kindly send the proof of payment to accounts@apsecr.org, otherwise the payment will not be considered as confirmed.

I, \_\_\_\_\_ agree that all the information provided above is true to best of my knowledge and I abide by the rules & regulations as per www.apsecr.org.

Date:

Signature of the Applicant