CONFERENCE REGISTRATION FORM

Name of participant (Dr/Mr./Ms): ............................................................

Designation/post: .................................................. Gender (Male/Female): ...................................

Full address: ........................................................................................................
 ......................................................................................................................
 ......................................................................................................................

Postal code: ...................... State: ..................... Country: ......................

Mobile number: .... Email ID: ..............................................................

Participants □ Foreign delegates □ ISCI/IFS Life Member □ Other Indian Delegates

Category: □ Students □ Foreign Corporate Delegate

(✓ Tick mark)

Name of accompanying family members: 1) ..............................................................
2) ..........................................................................................................................

Participation type (✓ Tick mark): □ Oral □ Poster □ Attendance

Title of abstract/ paper: ........................................................................................................
 ......................................................................................................................
 ......................................................................................................................

Payment Details (Amount paid): .............. Reference No (NEFT/IMPS/UPI): .................

❖ Registration can also be done online through the website: www.acrdn9.org.
❖ Duly filled registration form may also returned by email to: acrdn9@gmail.com

In collaboration with
REGISTRATION FEES & PAYMENT DETAILS

Details of registration fee:

<table>
<thead>
<tr>
<th>Categories of participants</th>
<th>Registration amount</th>
<th>Accompanying family members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign delegates</td>
<td>US $300</td>
<td>US $175</td>
</tr>
<tr>
<td>ISCI / IFS Life Members</td>
<td>INR 5,000</td>
<td>INR 3,000</td>
</tr>
<tr>
<td>Other Indian Delegates</td>
<td>INR 6,500</td>
<td>INR 3,500</td>
</tr>
<tr>
<td>Students</td>
<td>INR 3,000</td>
<td>-</td>
</tr>
<tr>
<td>Foreign Corporate Delegates</td>
<td>US $500</td>
<td>US $300</td>
</tr>
</tbody>
</table>

Bank details for payment of registration fee (For Indian/foreign delegates):

Beneficiary Name: Indian Society for Cotton Improvement (ISCI)
Account Number: 36959751825 (Current Account)
Bank Name and address: State Bank of India, Commercial Branch, Dadar, Mumbai, India
IFSC code: SBIN0004114
Swift Code: SBININBB355 (for foreign delegates only)

For additional information, please contact to organizing secretaries:

Dr. S. K. Shukla
Director, ICAR-CIRCOT
Matunga (E), Mumbai (MH) - 400019, India,
Email: director.circot@icar.gov.in
Mobile No: 9137582766

Dr. Y. G. Prasad
Director, ICAR-CICR
Nagpur - 440010, Maharashtra, India
Email: director.cicr@icar.gov.in
Mobile No: 9137582766