



ICGEB

International Centre for Genetic Engineering and Biotechnology

Developing Knowledge

REGISTRATION FORM

International Vaccine Conference

November 27-29, 2017 | ICGEB Campus, Aruna Asaf Ali Marg, New Delhi -110067, India

For Official Use Only :Reg No./Receipt No. - Date of receipt of form: -

DELEGATE DETAILS: (PLEASE USE CAPITAL LETTERS ONLY)

Title (Mr/Mrs/Ms/Dr./Prof.) _____ First Name _____ Middle Name _____
 Last Name _____ Institution _____
 Address _____
 Designation _____ City _____ Pin code _____
 State _____ Country _____ Work Phone _____ Fax _____
 Mobile _____ Email _____

Registration Fee Schedule

Category Conference(Nov 27 -29, 2017)	Foreign National* (Amount in US\$)		Indian National** (Amount in INR)	
	Faculty	Student***	Faculty	Student***
Up to October 31, 2017	500	300	8000	5000

*All nationals except Indian Citizens will be treated as foreign nationals.

**Indian Citizens working / studying / residing overseas will be treated as foreign nationals.

*** Students will be asked to produce regulation / valid photo id issued by their place of current study program at the conference registration counter.

TOTAL AMOUNT (IN WORDS):

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Mode of Payment:

- Online:** <http://icvrd-wmpb2017.in>
- Bank Transfer:** The bank details are as follows.

Beneficiary Name: "UNIVERSAL CONFERENCES"
Name of the bank: YES BANK
Branch Address: C-5, Phase – I, Ashok Vihar, New Delhi – 110052
Account No: 032883800000728 **Swift Code:** YESBINBB
Branch Code: 328 **IFS Code:** YESB0000328

Purpose of remittance: Registration Fee of _____ (your name)

Note: The bank receipt of payment and scanned copy of this registration form must be sent to the email id icvrd.wmpb2017@gmail.com for confirmation. While making transaction through wire transfer, please add respective Bank Commission levied by banks for transferring / remitting funds. Any shortfall in registration fee credited to our account by wire transfer will be collected at the time of registration.

Date.....

Signature.....