

*Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference certificate.
Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.*

All questions and inquiries concerning registration
and payment should be addressed to:
presentations@sciencecite.com

Please complete this form and email a scanned copy to:
presentations@sciencecite.com

Event Name	
Venue/Place of Event	
Date of Event	

PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT

Full Name		Highest Qualification:		
Affiliation/ Designation				
Mailing Address				
City, Zip, Country		Passport Number:		
Mobile (With Country code)		Email:		
ACCEPTED PAPER INFORMATION	Paper ID:			
	Title of the Paper:			
	Author's Name:			
Co-Author's Name & Designation	1.	2.	3.	
				Guided by: Mail ID: Contact No: Affiliation:

PAYMENT INFORMATION

Total Amount (USD)	Bank Name	Remitter	Date	Ref. No
	For online transfer <small>(Debit card/Credit card/Online Banking)</small>	Order ID/Traction ID:		

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

ADDITIONAL INFORMATION

- ⊙ Will you present physically at the event _____ (Y/N).
- ⊙ No. of Persons attending the event with you? (Including your Co-authors) _____.
- ⊙ Will your Guide/HOD/Principal attending will attend the Event? _____ (Y/N).

Declaration & Undertaking:

1. I agree to the cancellation and refund policy stated by SCITE and will communicate any requests in writing to presentations@sciencecite.com
2. I understand that SCITE is not responsible for my travel or accommodation arrangements and any losses due to changes in the event format, venue, or schedule.
3. I acknowledge that my registration is non-refundable but may be credited for another SCITE conference within one year, as per the policy.
4. I accept that SCITE reserves the right to conduct the conference in physical or virtual format, and no refund will be provided for such changes.
5. I confirm that I have read and agree to the terms and conditions on the SCITE website and will submit the registration form within 3 days of payment.

Signature (Author): _____ Date: _____

Remarks: