

REGISTRATION FORM

National Conference on
"Current Developments and Next Generation Lichenology"
27 – 28 January, 2018



For office use only

Registration No.

(Please contact the organizing secretary if you are facing any problems during filling of registration form)

Applicant Information

Title	First Name	Middle Name	Last Name	
Home Address	City		State/Province	Country
Male	Postal Code		Date of Birth (dd/mm/yyyy)	
Female				
Others				
Aadhaar/Passport Number	Mobile Number		click here to upload your photo	
E-mail Address	Willing to join in WhatsApp group?		Yes	
WhatsApp Number			No	
			upload your photo (click here) to see instructions)	

Institutional and Research Information

Name of Institute	Department	Designation		
Address	City	State/Province	Country	Postal Code
Institute Telephone	Fax Number			
Institutional Website				
Institutional type	Institutional/alternate email address			

Research

Area of Specialisations		
Your ResearchGate/Google scholar page address URL		
Mentor's Name (for students and Research Scholars)	Designation	Mobile Number
Institutional Name	Department	
Country	E-mail Address	

REGISTRATION FORM

General Information

Any accompanying person?

Yes No

Name of accompanying person
(only one allowed)

Relationship?

Spouse Parents Siblings Other _____

Accommodation required?

Yes No

Meal preferences:

Vegetarian Non-vegetarian

Arrival plan:

(Date, Time, Flight/Train No. & Name)

Departure plan:

(Date, Time, Flight/Train No. & Name)

Abstract details

Mode of Presentation*:

Abstract Title:

Author(s) details:

(Name & Address. Asterisk
for presenting author and
provide email address)

Keywords:

(max. 5)

Copy and Paste or Type your abstract below (max. 3000 characters)

Payment Information

Registration Fee Structure (tick applicable fields)

Conference Fee (Normal):

a. Delegates (Scientists, Professors, Industrial Persons, Postdocs)

Non-members - INR 3000

ILS Life Members - INR 2500

b. Students (PhD students and below)

Non-members - INR 2500

ILS Life Members - INR 2000

ILS Membership ID No. _____

Conference Fee (Late):

a. Delegates (Scientists, Professors, Industrial Persons, Postdocs)

Non-members - INR 3500

ILS Life Members - INR 3000

b. Students (PhD students and below)

Non-members - INR 3000

ILS Life Members - INR 2500

Accompanying person fee: INR 2000

Payable amount: **INR**

Payment Method _____

Bank account details for online money transfer:

Account No.: 34349534762

Account Name: Indian Lichenological Society

Bank: State Bank of India

Branch: NBRI Lucknow (10173)

IFS Code: SBIN0010173

MICR Code: 226002051

Fill the following details after online payment:

Reference/Receipt No: _____

Date: _____

I agree to receive SMS from the Indian Lichenological Society** Yes No

**We will send text messages periodically about the information, services, conference registration, survey, feedback and upcoming events regarding ILS.

Declaration

I hereby declare that the above mentioned particulars are correct and true to the best of my knowledge and belief.

Place: _____

Date: _____

Signature of applicant

Instructions:

* Size of Image – Minimum 100 KB – Maximum 1 MB. The maximum height and width of the Photo must be 3.5 cm (width) x 4 cm (height). The minimum dimensions are 1.5 cm (width) x 2 cm (height).

* Final decision for mode of presentation lies with organizer. The candidate applying for participation only do not need to fill abstract column.

■ Applications will be accepted after verification of registration fee payment.

■ Complete this form carefully by pdf filling and e-mail to indianlichenology@gmail.com

■ If you have questions about the registration process, please contact the organizing secretary before submitting this form.