

Registration Form - ICIIP-2011
Registration Policy for all Accepted Papers

1. Atleast one author per paper has to register for the Conference
2. The registered author must present the paper in the conference for getting the paper to be published in IEEE Xplore. Otherwise your paper will be removed from the conference proceedings

1. Name: _____ Designation: _____

2. Address: _____

3. Email: _____ Phone: _____ Mobile: _____

4. Paper(s) which you want to register

1. Paper ID		Title	
2. Paper ID		Title	

5. Check Your Currency: [] USD (US Dollar) [] INR (Indian Rupees)

6. Check your "Registration Fee" (Put a Tick below)

Paper Registration fee	Indian Author –Non-IEEE Member	[<input type="checkbox"/>] 3500 INR
	Indian Author –IEEE Member	[<input type="checkbox"/>] 3000 INR
	Indian Student Author – Non-IEEE Student Member	[<input type="checkbox"/>] 2500 INR
	Indian Student Author – IEEE Student Member	[<input type="checkbox"/>] 1000 INR
	Foreign Author- Non-IEEE Member	[<input type="checkbox"/>] 300 USD
	Foreign Author- IEEE Member	[<input type="checkbox"/>] 250 USD
	Foreign Student Author – Non-IEEE	[<input type="checkbox"/>] 200 USD
	Foreign Student Author –IEEE Student Member	[<input type="checkbox"/>] 150 USD
	Listener: Non-Author/ Co-Author/ Simple Participants (no paper)	[<input type="checkbox"/>] 1000 INR
Total Amount	_____ [<input type="checkbox"/>] USD (Foreign Author)	_____ [<input type="checkbox"/>] INR (Indian Author)
Wire Transfer / Demand Draft / Details	Remitter's name: (Sender's name)	Payment Date:
	Bank Details:	DD No. / Transaction id:

Note:

1. In case of Bank Transfer / Demand Draft : Also prepare your scanned bank Document (Receipt) / scanned Demand Draft and send it by email to iciipregister@gmail.com
2. The bank transfer payment requires about 5 -10 days to be booked on the conference account. When author pay the registration fee by the bank wire transfer, **please send the scanned bank receipt to confirm your registration fees payment.**
3. Additional Details required ONLY by Foreign Participants / Delegates :

Father's Name	
Date of Birth	
Place of Birth	

Nationality	
Passport No.	
Date of Issue	
Place of Issue	
Date of Expiry	
Address	

7. Name: _____ Signature: _____ Date(mm/dd/yy): _____

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