



## REGISTRATION FORM

**Paper ID:**

**Paper Title:**

**Full Name:**

**Designation:**

**Organization & Address:**

**Mobile:**

**Phone (o)**

**E-mail:**

**Amount paid:** Scientific.Net / AMPT/JIDEM/E3S

**RS:** 16000 / 11500

**Name of the Bank:**

**Name of the account holder:**

**Date of the transaction:**

**Online Transaction number:**

**Registration Category:** Educational Institution /Industry

**Signature with Date**

**Correspondence Address:**  
**ICMPC-2024**  
**Nirma University, Ahmedabad**  
E-mail: [icmcp-hyd@griet.ac.in](mailto:icmcp-hyd@griet.ac.in)