

## REGISTRATION FORM

(Please use CAPITAL LETTERS only)

# **NATIONAL CONFERENCE**

on

## **EMERGING DIMENSIONS IN ARTIFICIAL INTELLIGENCE AND SOFT COMPUTING**

19<sup>th</sup> - 20<sup>th</sup> October , 2019

NAME: .....

GENDER: Male  Female  (please tick)

CATEGORY: Industry Delegate/ Academicians  Research Scholar /Student  Alumni /Ex Faculty SMS

DESIGNATION:.....

INSTITUTION:.....

.....

ACADEMIC QUALIFICATIONS:.....

OFFICIAL MAILING ADDRESS:.....

.....

MOBILE NUMBER(S): .....

EMAIL: .....

PAYMENT DETAILS: .....

CASH / DD (Details) .....

### PAYMENT DETAILS

Rs. 2500/-	Rs. 1500/-	Rs. 1000/-
Industry Delegate/ Academicians	Research Scholar /Student	Alumni /Ex Faculty SMS

(NON-RESIDENTIAL; Registration fee includes Conference Kit and Lunch on all days)

.....  
SIGNATURE OF THE PARTICIPANT

Please Email/Post this form to:  
SCHOOL OF MANAGEMENT SCIENCES, KHUSHIPUR, BACHHAON PO;  
NH-2 BYPASS, VARANASI-221011 UP

Correspondence E-mails: [techcon@smsvaranasi.com](mailto:techcon@smsvaranasi.com), [apdube@smsvaranasi.com](mailto:apdube@smsvaranasi.com)

(Please make photocopies of this form for additional Registrations)