

REGISTRATION FORM

Name of the Institution: _____

Address: _____

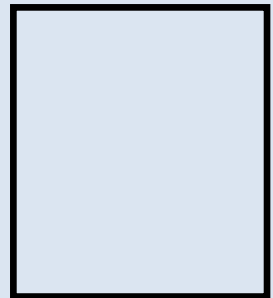
Speaker 1:

Name: _____

Gender: _____

Phone Number: _____

E-Mail Address: _____



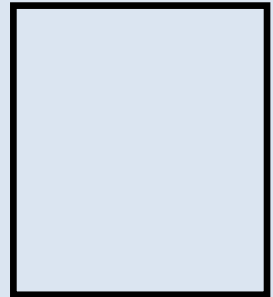
Speaker 2:

Name: _____

Gender: _____

Phone Number: _____

E-Mail Address: _____



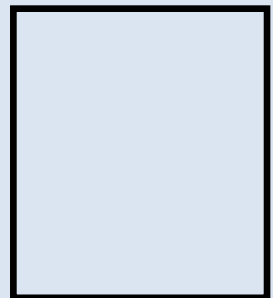
Researcher:

Name: _____

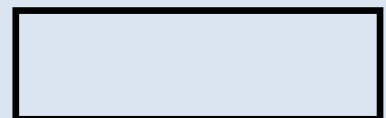
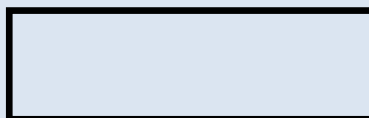
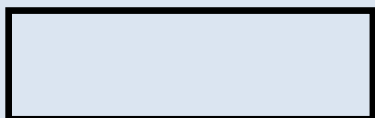
Gender: _____

Phone Number: _____

E-Mail Address: _____



Signatures of Participants:



5th ANMCC, 2020

Payment Transaction ID: _____

Signature of Faculty Co-ordinator:

Institution Seal:

5th ANMCC, 2020