



# ACADEMIC SERA

## EVENT REGISTRATION FORM

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Event Name	
Venue/Place of Event	
Date of Event	

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Title	1. Dr. 2. Mr. 3. Ms. 4. Prof.	Name	
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### ADDITIONAL INFORMATION

- Will you present physically at the event \_\_\_\_\_(Y/N).
- No. of Persons attending the event with you?(Including your Co-authors)\_\_\_\_\_.
- Will your Guide/HOD/Principal attending will attend the Event? \_\_\_\_\_(Y/N).

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2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference/Event Venue.
3. Academicsera has all rights reserved to shift the venue, rescheduling the date of the Event.
4. I do here by declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by academicsera and take necessary action against me.
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