

ARSICON 2017 REGISTRATION FORM		
Sl. No.	Particulars	Details
1	Name [Prefix Title (Dr./Mr./Ms./Mrs.)]	
2	Address in full	
3	email ID	
4	Contact Nos.	
5	Designation	
6	Arrival Date	
7	Arrival Details (Train No. / Flight No.) & Time	
8	Registration Fees Paid Y/N (Refer Brochure for Amount)	Member
		PG Student
		Accompanying Person / Name
		Local Delegate
9	Payment Details (TXN No. Etc)	
10	Room Preferred (Refer Brochure)	
11	Single / Double Occupancy (Specify)	
12	Mark with 'Y'	Veg
		Non-Veg
13	Departure Date	
14	Departure Details (Train No. / Flight No.) & Time	

**Notes:**

1. This form may be filled up and sent to [arsicon2017@gmail.com](mailto:arsicon2017@gmail.com)

2. All Payments to be made to:

A/C No. 101410006111513

A/C Name: ARSICON2017

Bank Name: NAGALAND STATE CO-OPERATIVE BANK LTD.

Branch: Dimapur Main Branch

IFSC: UTIB0SNSCB1

MICR: 797812003

3. Refer Brochure for All Rates & Cut Off dates