



Conference Registration Form

CTRD 2k17

The Second National Conference on
**“Changing Technology and Rural
Development”**, 22nd - 23rd December, 2017.

1. PAPER/ARTICLE DETAILS

Title of the Paper: _____

2. NAME AND AFFILIATION

Name: Ms./Mr./Dr.: _____

Age: _____, Sex: _____ (M/F)

Designation (Asst. Prof/Associate Prof/Professor/Research Associate/ Student/Others) _____

Department: _____

Organization: _____

Experience: Industry: _____ Teaching: _____

Attending the Conference as Author/Delegate: _____

Address for communication: _____

Email-Id: _____

Tel No.(STD Code):(O): _____(R): _____(Mobile): _____

Registration Category (Academic Faculty / R&D Institute & Centers / Industry Experts / PG Student / UG student): _____

3. PAYMENT DETAILS (DD/ NEFT)

DD Details: Drawn on listed nationalized bank(StateBank of India, Bank of India, Bank of Maharashtra, and IDBI Bank) in favor of **The Principal, Rajendra Mane College of Engineering and Technology, payable at Devrukh, Maharashtra.**

Bank: _____ Amount in Rs.: _____

DD No.: _____ Date: _____

NEFT Details:

Name: **Rajendra Mane College of Engineering and Technology**

Account No.: **11220726814**

IFSC: **SBIN0001105**

MICR CODE: **415002959**

Bank Name: **State Bank of India**

Branch: **Devrukh**

Accounts Type: **Saving**

Bank Address: A/P: Devrukh, Tal: Sangameshwar, Dist.: Ratnagiri, pin-415804.

Amount in Rs.: _____ NEFT Transaction ID: _____

4. ACCOMODATION

Whether accommodation required? (Y/N)_____.if required then request for accommodation send over email.

Date: _____

Signature: _____

NOTE: Send the scan copy of this form and Payment proof to Official mail ID of the conference (conference@rmcet.com) before last date of Registration and bring this to the venue while attending the event with a valid ID Proof.

For further information please visit at: www.rmctet.com/CTRD2k17 **or email at:** conference@rmcet.com

Contact Details: 8149262776 (Mr.P.D.Waikar), 7756858260 (Mrs. P. P. Kshirsagar).