



# Registration Form

Venue: Convention Centre, Raja Ramanna Centre for Advanced Technology, Indore (MP)  
Date: January 10<sup>th</sup> 2025

1. **Name** (Mr./Mrs./Ms./Kum/Dr.) \_\_\_\_\_
2. **Gender** (kindly tick the correct answer)  Male  Female  Other
3. **Designation** \_\_\_\_\_
4. **Affiliation** (Full name and address of the Industry/Institute/Organization) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. **Correspondence address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. **Identity card** (Aadhar/PAN/ ID issued by Industry/Institute/Organization) ID card Name: \_\_\_\_\_  
ID Card No. : \_\_\_\_\_
7. **E-mail Id** \_\_\_\_\_
8. **Mobile No.** \_\_\_\_\_
9. **Registration category**  Industry/ Government Organization  
 Academia (Faculty /Research Scholar)  
 Student (Undergraduate/Postgraduate)
10. **Are you a ISPA member**  Yes  No
11. **Mode of fee payment** \_\_\_\_\_
12. **UTR/Reference no. of the registration fee payment** \_\_\_\_\_
13. **Registration fee payment date** \_\_\_\_\_

Attachments:  1) Fee payment proof  
 2) Id card copy

I hereby declare that the information given by me in the registration form is true, complete and correct to the best of my knowledge and belief.

(Signature with date)

**Note:**

- **Registration Fee:** 2500/- (INR) - (Industry & Govt. Organization), 1000/- (INR) - (Faculty & Research Scholars), 500/- (INR) - (PG & UG Students)
- Waiver of 500 /- (INR) in registration fee for ISPA members.
- Completely filled form will be sent to [ratig25@rrcat.gov.in](mailto:ratig25@rrcat.gov.in)
- For any Query please contact us on 07312488385/07312442294,+919827631359/+919826220138

**Bank details for payment of registration fee:**

**Account name:** RATIG25

**Account number:** 43430752327 (current account)

**Bank name:** State Bank of India

**Branch:** RRCAT, Sukhniwas branch, Indore

**Branch code:** 8484

**Branch IFS Code:** SBIN0008484

**Swift Code:** SBININBB570



**QR Code**