### Registration Form

1. **Name:** (Prof. /Dr. /Mr. /Ms.): ________________________________________________

2. **Designation:** __________________________  

3. **Gender:** _____________

4. **Organization:**

   Address:

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

5. **E-mail:** _____________________________  

   **Mobile No:** ____________________________

6. **Accompanying person (if any):** with Gender: ____________________________________

7. **Membership Status:** Life Member: ____  

   **Non-member:** ____

8. **Payment Details:**

   **Total amount paid:** Rs.__________________

   **DD / Cheque No/Online transaction details:** ______________________

   **Bank Name:** _____________________________________

   **Place:** ____________________________  

   **Date:** ____________________________
8. Title of Abstract *:____________________________________________________________________

8.1. Name/s of author/s: ___________________________________________________________________

8.2. Name of the Presenting author:________________________________________________________________

*Paper selected for:

Oral Presentation: ______ Poster Presentation: ______

Youth Best Paper Award Competition: __________

Attending Pre-Conference workshop? Yes------- No--------

Registration Fees (Non-Refundable) details:

<table>
<thead>
<tr>
<th>Type of Participants</th>
<th>Last date for payment: Oct. 20, 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Registration Fee*:</td>
<td></td>
</tr>
<tr>
<td>1. Member of IASSH</td>
<td>Rs. 1500</td>
</tr>
<tr>
<td>2. Non-Member</td>
<td>Rs. 3000</td>
</tr>
<tr>
<td>Accompanying Person (Spouse/Children only)**</td>
<td>Rs. 2500</td>
</tr>
<tr>
<td>Pre-Conference Workshop Registration Fee</td>
<td></td>
</tr>
<tr>
<td>1. With Accommodation</td>
<td>Rs. 1500</td>
</tr>
<tr>
<td>2. Without Accommodation</td>
<td>Rs. 1000</td>
</tr>
<tr>
<td>Overseas Participants</td>
<td>$ 100</td>
</tr>
</tbody>
</table>

Note: Preference will be given to M. Phil / Ph. D scholars in the pre-conference workshop.

*Conference Registration fee for participants from IIT Mandi (host institution) will be Rs. 1500

** Efforts will be made to accommodate the accompanying person(s) if participants register well in advance (Children above 5 years of age will be considered as accompanying person)

9. Accommodation:

Whether accommodation required? (Please tick your requirement)

Yes: I accept accommodation provided by local organizing committee

No: I am making my own stay arrangement
Registration Fee Payment

Filled in Registration form along with online transfer / Demand Draft / AT PAR CHEQUE or MULTY CITY CHEQUE drawn in favour of Indian Association for Social Sciences and Health, payable at Mumbai:

Details of Bank account for ECS (Electronic Service) are as given below. After transfer the amount through core banking system, please send the registration form by clearly indicating the transaction details:

<table>
<thead>
<tr>
<th>Account name</th>
<th>Indian Association for Social Sciences and Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account type</td>
<td>Savings Bank Account</td>
</tr>
<tr>
<td>Account Number</td>
<td>3343577930</td>
</tr>
<tr>
<td>Bank and Branch</td>
<td>Central Bank of India, Deonar Branch, Mumbai</td>
</tr>
<tr>
<td>IFSC Code</td>
<td>CBIN0281725</td>
</tr>
<tr>
<td>Address of the Bank</td>
<td>Opposite Deonar Bus Depot, Adjacent to TISS, Sion-Trombay Road, Deonar, Mumbai-400088</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>022 - 25519437</td>
</tr>
</tbody>
</table>

Filled in Registration form along with Cheque or receipt of ECS transfer to be sent or e-mail to:

IASSH Secretariat, Centre for Population, Health and Development, Tata Institute of Social Sciences, Dr. M. S. Gore Building (8th floor), Room No. 805, Naoroji Campus, Deonar Farm Road, Deonar, Mumbai- 400088. Ph: 022-25525061.

E-mail: iassh2019conf@gmail.com

Declaration by Presenting Author

I declare that this paper contains results of original research work carried out by me /co-author/s. This paper was not published in any journal / book, or presented in any earlier seminar /conference in this form. If I have a co-author, I have informed him / her that this paper has been accepted for presentation at the 17th Annual Conference of IASSH to be held in Dec. 2019 at IIT Mandi (HP).

Signature of the presenting author:

Name of the presenting author:

Place: Date: