**41st Annual Conference of Indian Association for Cancer Research (IACR)**

**Amity Institute of Molecular Medicine and Stem Cell Research**

**Amity University Uttar Pradesh, Noida, India**

**2nd to 5th March 2022**

**Registration Form**

**Name: Prof./Dr./Mr./Ms.** ……………………………………………………………………………………………………………….…………………

**Gender: Male/Female** ………………………. **Country** …………………………………………………………………..

**Designation:** ………………………………………………………………………………………………………………………..…………

**Affiliation:** …………………………………………………………………………………………………………………………………..

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**Contact Address:**…………………………………………………………………………………………………………….

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**City**……………………………**State**………………………………………………………………….…………….………..

**Tel. No.** ……………………………………………. **Mobile/WhatsApp** ………………………………….………………

**Email:** …………………………………………………………………………………………………………………………………..

**Type of Participants: Indian International**

Student ***If International, please provide passport details:***

Faculty/Scientist Passport no. ………………………..Place of issue………………………

Industrydelegate Issue Date……………………….. Expiry Date……………………………

**IACR Membership: Yes No If, Yes, membership ID** ……………………………

**Mode of Presentation: Oral Poster Not Applicable**

**Title of the Presentation:** ………………………………………………………………………………………………………………………………….

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**Mode of Payment: Wire Transfer NEFT/RTGS/IMPS**

**Registration Amount** ………………………… **Accompanying Person Amount** ……………………………………

**Transaction Date** ……………………………… **Transaction Reference No.** …………………………………………

**For National Participants/delegates:**

Please click on the registration link on the website, fill the form and pay the registration fee via the online payment gateway.

**For International Participants/delegates:**

Please fill the above registration form and pay the registration fee via electronic transfer to the below mentioned bank account. Please send the duly filled registration form and the payment confirmation receipt to the IACR email id iacr2022@amity.edu.

You will receive a confirmation email upon receipt of the required documents.

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| **Bank** | **Punjab National Bank** |
| **Branch** | **Amity University Sec125 GB Nagar 201301** |
| **Bank A/C Number** | **5112100100000458** |
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 Other modes of online payment will be available soon.

**Refund and Cancellation Policy**

In case you want to cancel your registration, please send an email to IACR-2022 Conference Secretariat with your registration number. Please do not forget to mention if you were a part of any of the sessions, also indicating your intent to withdraw as well.

There will be a cancellation fee to cover the administrative costs and deposit requirements. The refund policy is

All requests received by**January 15, 2022** will incur a 50% cancellation fee.

Requests received after **January 15, 2022** cannot be processed.

**Please note that all refund requests will be processed only after the conference.**

**Correspondence: Prof. (Dr.) Bhudev C Das**

Chairman & H. G. Khorana Chair Professor, Amity Institute of Molecular Medicine & Stem Cell Research (AIMMSCR), DEAN, Health & Allied Sciences, Vice President, Amity Science, Technology & Innovation Foundation (ASTIF), Amity University Uttar Pradesh

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