

Registration form

Authors Name:

First Name: _____ Last Name: _____

Institution: _____

First Name: _____ Last Name: _____

Institution: _____

First Name: _____ Last Name: _____

Institution: _____

First Name: _____ Last Name: _____

Institution: _____

First Name: _____ Last Name: _____

Institution: _____

Name of Corresponding Author: _____

Paper ID (e.g., JCRELC-SEP-2025-1) _____

Institution: _____

Correspondence Address: _____

City: _____ State: _____ Pin Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Date: _____

Author's Signature: _____
