



REGISTRATION FORM

INTERNATIONAL CONFERENCE ON RE-IMAGINING ACADEMIC LIBRARIES (ICRAL)

January 9 - 11, 2025

Central Library, Tripura University (A Central University)



INDIAN DELEGATES

FOR INTERNATIONAL DELEGATES

TITLE Prof. Dr. Mr. Ms. Gender: Male Female

Name: _____ Citizenship: _____

Designation: _____ Passport No.: _____

Affiliation: _____ Issue Date: _____

Address: _____ Valid Up to: _____

_____ Issuing Country: _____

_____ Address: _____

Mobile: _____

Telephone: _____

Email: _____

Note: International delegates are required to carry with them Conference VISA to attend the Conference in India.

Date: _____ Signature: _____

Date: _____ Signature: _____

REGISTRATION DETAILS		
Category	Please Tick	Registration Fee
Indian Delegate/ /Professionals	<input type="checkbox"/>	Rs.2000
International Delegate (Academic)	<input type="checkbox"/>	\$ 150
Research Scholars/Students	<input type="checkbox"/>	Rs.1000
Research Scholars/ Students (North-East Institutions)	<input type="checkbox"/>	Rs.800
Corporate Professionals	<input type="checkbox"/>	Rs.3000

Please ensure to send a scanned copy of this registration form to: icraltu@tripurauniv.ac.in

PAYMENT DETAILS	
Beneficiary's Name	Merged Scheme
Bank	State Bank of India
Branch	Tripura University Campus Branch
Account Number	322149000570
IFSC Code	SBIN0010495
Branch Code	010495
MICR Code	799002524

CHEQUE/DEMAND DRAFT ONLINE TRANSFER

Cheque/DD/UTR No. _____

Dated _____ for Rs./\$

in favour of "Merged Scheme", Tripura University
Campus Branch

Please Return the Completed Form to:

Dr. Champeswar Mishra

University Librarian (I/C) & Organising Secretary, ICAL-2025

Central Library

Tripura University (A Central University)

Suryamanagar, Agartala, PIN-799022 Tripura, INDIA

Mobile: 91-995883999; Email: icraltu@tripurauniv.ac.in

Conference Website: <https://www.icraltu.in/>