

Payment of a registration fee covers the cost to attend all conference activities, coffee breaks, conference reception and banquet, and all lunches during the conference. In addition, each registrant will receive a copy of the conference certificate.

*Notice that this registration fee does not cover transportation fee, accommodation fee, and after conference tour fee.*

All questions and inquiries concerning registration  
and payment should be addressed to:  
[info.icphams@gmail.com](mailto:info.icphams@gmail.com)

Please complete this form and email a scanned copy to:  
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Event Name	International Conference On Public Health and Medical Science (ICPHAMS-2024)
Venue/Place of Event	Doha, Qatar
Date of Event	25th and 26th Nov 2024

PLEASE KINDLY FILL IN A SEPARATE REGISTRATION FORM FOR EACH CONFERENCE PARTICIPANT

Full Name		Highest Qualification	
Affiliation/Designation			
Mailing Address			
City, Zip, Country		Passport Number:	
Mobile(With Country code)		Email	
ACCEPTED PAPER INFORMATION	<b>Paper ID:</b>		
	Title of the paper:		
	Author's Name:		
Co-Author's Name & Designation	1.	2.	3.
	Guided by: Mail ID: Contact No: Affiliation:		

### PAYMENT INFORMATION

Total Amount (USD)	Bank Name	Remitter	Date	Ref. No
	<b>For online transfer</b> (Debit card/Credit card/Online Banking)	<b>Order ID/Traction ID:</b>		

**Note: It is mandatory to provide a scan copy of ID Proof /Passport along with this Registration form**

### ADDITIONAL INFORMATION

- Will you present physically at the event \_\_\_\_\_(Y/N).
- No. of Persons attending the event with you?(Including your Co-authors)\_\_\_\_\_.
- Will your Guide/HOD/Principal attending will attend the Event?\_\_\_\_\_(Y/N).

#### **Declaration & Undertaking**

1. I have not published this paper anywhere before and I am transferring the Copyright of my paper to ISERD
2. I will not cause or involve in any sort of violence or disturbance within and Outside of the Conference/Event Venue or during the travel to the venue at any Country during my Visa Period.
3. ISERD has all rights reserved to shift the venue, rescheduling the date of the Event.
4. I do hereby declare that all the information given by me is true and if at any moment it is found to be wrong my registration for event will be cancelled by ISERD and take necessary action against me.
5. ISERD is not responsible for any violation of Rules and Regulations by me or by my Co-authors of this paper at any country during the Event.
6. I and all my co-authors have read all information provided in the official website <https://icphams.com/> and agreed the **Rules and regulations** provided in the page <https://iserd.co/rules.php> of the conference.

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(the photo should match your  
Passport)

Signature (Author): \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_