**EXTENDED ABSTRACT/ FULL PAPER SUBMISSION FORM**New form must be filled for every extended abstract/ full paper submitted

|  |
| --- |
| **Corresponding Author details** |
| **Title:**  | **Rev**  | **Ms**  | **Mr**  | **Dr** | **Prof**  | **Other:**  |
| **Name with Initials:**  |
| **Name for certificate:***(if you are an author)* |  |
| **Passport /NIC No:**  | **Country:**  |
| **Mobil/Tel:**  | **E-mail:**  |
| **Preferred Plenary Session:**  |
| Defence and Strategic Studies |  |  |
| Management, Social Sciences and Humanities  |  |
| Law  |  |
| Built Environment and Spatial Sciences  |  |
| Computing  |  |
| Engineering  |  |
| Medicine  |  |
| Basic and Applied Sciences  |  |
| Allied Health Sciences |  |
| **Your preference for presentation:** |
| **I agree to present as a poster if not selected for an oral presentation:**  | Yes | No |
| **I wish to publish a full text paper article in conference proceedings**: *(applicable only for Engineering, Medicine, Basic and Applied Sciences, and Allied Health Sciences)* | Yes | No |