INTERNATIONAL CONFERENCES ON ATOMIC, MOLECULAR, OPTICAL & NANO PHYSICS WITH APPLICATIONS (CAMNP 2019) DECEMBER 17th-20th 2019
ORGANIZED BY DEPARTMENT OF APPLIED PHYSICS, DELHI TECHNOLOGY UNIVERSITY

**Guest House/Hostel Accommodation**

*Hostels @Rs. 500+12%GST per person/ day

* Guest House @Rs. 1500- 2000+12% GST per room/day

**PAYMENTS OPTION**

**Option 1 – Telegraphic transfer**

<table>
<thead>
<tr>
<th>Bank Name</th>
<th>Branch</th>
<th>A/C Name</th>
<th>A/C No.</th>
<th>IFSC Code</th>
<th>SWIFT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANARA BANK</td>
<td>MUNIRKA</td>
<td>NAMMS TOURS AND TRAVELS</td>
<td>1305257000314</td>
<td>CNRB0001305</td>
<td>CNRBINBBDFS</td>
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<td>ICICI BANK</td>
<td>Connaught Place</td>
<td>Namms Tours and Travels</td>
<td>-000705500075</td>
<td>ICIC0000007</td>
<td>ICICINBBCTS</td>
</tr>
</tbody>
</table>

**Option 2 – Online payment:**

http://www.nammsgroup.in/paymentforregister.aspx

Make sure your web browser has pop-up windows enabled. The NAMMS website uses pop-up windows.
Visit www.nammsgroup.in site and click on > online payment link at the top of the homepage. Fill out the form and submit. This brings you to a secure web page [https:] where you can pay via credit card the amount listed in the email from NAMMS. See website for other payment options.

*Please use only visa/master card.

*Corporate cards are not accepted.
Family Name: Dr/Prof/Mr./Ms_________ First Name __________ Middle Name: ______________

Full Address ____________________________________________________________________________________

City: ___________________ State: _______________ Postal Code: __________________ Country: _______________

Telephone: __________________ Fax: ___________________ Email: ________________________________

Sex: M/F __________________________ Designation/Post held: ______________

PASSPORT DETAILS (For Foreign Delegates)

Passport No. ______________________ Place of Issue ______________________________

Place of Birth __________________________ Date of Issue ________________ Date of Expiry _______________

ACCOMMODATION REQUIRED YES [ ] NO [ ]

TYPE OF ROOM REQUIRED: Single [ ] Double [ ] No. of occupants [ ]

Arrival date: ___________________ Departure date: ___________________ Total nights [ ]

NAME OF THE HOTEL (Any two preferences)

1. ______________________ 2. ______________________

FLIGHT DETAILS:

Do you require arrival transfer YES [ ] NO [ ] Per transfer cost Rs. ______________________

ARRIVAL Date: ___________ Time: ___________ Flight Number ___________ From ___________

To ___________

DEPARTURE: Date: ___________ Time: ___________ Flight Number ___________ From ___________

To ___________

Please return duly filled form to namms.camnp@gmail.com / namms.travel@gmail.com

Please send advance payment on confirmation.

Namms Tours & Travels/ NAMMS CONFERENCES AND EXHIBITIONS PVT LTD

Address: -108-109, Gyandeep Complex, 66-A, Laxmi market, Munirka, New Delhi-110067 (INDIA)

Tel: +91-11-41359250/261642821 :Mobile: +91-9810065266/9911565266

Email: namms.camnp@gmail.com , namms.info@gmail.com

*All reservations are subject to first come first serve basis.