



**REGISTRATION FORM**  
**RESEARCH IN ARCHITECTURE CONFERENCE**  
**D.Y. PATIL SCHOOL OF ARCHITECTURE, LOHEGAON, PUNE.**

In Association With  
**MAHARASHTRA ASSOCIATION SCHOOL OF ARCHITECTURE[MASA]**  
**On 28<sup>th</sup> – 29<sup>th</sup> FEBRUARY 2020**

Name (Miss/Master): \_\_\_\_\_

Current Academic Year: \_\_\_\_\_

B.Arch.: 5<sup>th</sup> Year  4<sup>th</sup> Year  Any Other  M.Arch:  Registered Research Scholar:

Category: Student  Faculty/Professional  Paper Entries

Name of the Institute: \_\_\_\_\_

Address for Communication: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Name of guide/coordinator: \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Title of paper: \_\_\_\_\_

**Details of Payment: -**

**1) By DD/Cheque**

DD/Cheque no. \_\_\_\_\_, For Rupees \_\_\_\_\_

Date \_\_\_\_\_, From Bank \_\_\_\_\_

Demand draft/Cheque should be in favor of 'Dr. D Y Patil School of Architecture' and payable at 'Pune'.

**2) Online / NEFT Transfer**

Transaction number. \_\_\_\_\_, For Rupees \_\_\_\_\_

Dated \_\_\_\_\_, Transfer from Bank \_\_\_\_\_

(Please attach and send the screen shot of the Bank Page showing transaction along with the form)

Date: \_\_\_\_\_

**Verified & Signed**  
**(Guide/Coordinator)**

**Seal of the Institute**

**Signature of First Author**  
**(Student)**

**Please send the completed form and DD to:**

D. Y. PATIL SCHOOL OF ARCHITECTURE,  
D. Y. Patil Knowledge City, Charholi (Bk.), via Lohegaon, Pune – 412 105.  
E-mail: [conference@dypatilarch.com](mailto:conference@dypatilarch.com) Phone: 020 67077902.

**\*TRANSPORTATION AND ACCOMODATION IS NOT PROVIDED BY THE COLLEGE\***

## **DECLARATION FORM (FROM AUTHORS)**

I / We submit the following paper for presentation at Regional Level Conference on  
**‘Research in Architecture’**

Organized by D. Y. Patil School of Architecture, Lohegaon, Pune - 412 105, in association with  
**Maharashtra Association of Schools of Architecture, on 28<sup>th</sup> – 29<sup>th</sup> February 2020.**

**Title of the Paper:**

---

**I / We declare that:**

- (a) The paper submitted is original, unpublished and not simultaneously submitted to any journal or publisher.
- (b) The author(s) are responsible for the corrections of events, information and data cited in the paper.
- (c) The copyrights of the paper stand transferred to *PUBLISHER NAME* in case of its acceptance.
- (d) The authors permit the editor/publishers to carry out copy editing, grammatical corrections and formatting of the paper.

**Author 1 (Student)**

(Name and Signature): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Author 2 (Guide/Coordinator)**

(Name and Signature): \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Please send the scanned copy of completed form to:**

D. Y. PATIL SCHOOL OF ARCHITECTURE,

D. Y. Patil Knowledge City, Charholi (Bk.), via Lohegaon, Pune- 412 105.

E-mail: [conference@dypatilarch.com](mailto:conference@dypatilarch.com) Phone: 020 67077902.