

ABSTRACT SUBMISSION FORM



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ABSTRACT INFORMATION

Abstract Title _____

Please circle the appropriate.

Specialty of the paper presented

Cardiothoracic Surgery General Surgery Neurosurgery Paediatric Surgery Plastic Surgery Urology

Abstract content in the domain of (please circle ONE ONLY)

Clinical Study Basic Science Research

Format of Presentation

Oral Motion Picture Poster

Abstract enrolled for competition

Yes No

Declaration

I acknowledge that the above-mentioned paper or similar material by me or my colleagues has not been and will not be submitted to any other journal before its presentation at the scientific congress.

Name _____ Signature _____

Date _____

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