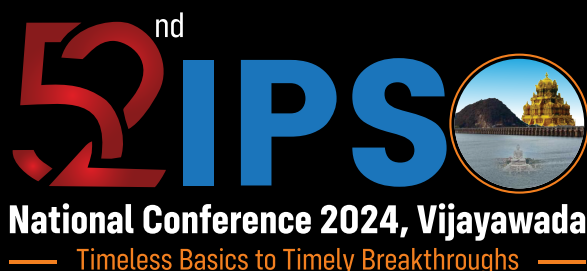


21st - 24th November, 2024



Pre Conference Venue

21st Nov 2024

K L University, Green Fields, Vaddeswaram,
Vijayawada, Andhra Pradesh, 522302

Conference Venue

22nd - 24th Nov 2024

CK Convention Center, NH 16,
Mangalagiri, Andhra Pradesh, 522503

Scientific Presentation Declaration Form

Type of presentation: Paper / E-poster / Table clinic (Tick the appropriate)

	Delegate Name	Designation	IPS Membership	Conference registration No
Presenting Author				
Co-author 1				
Co-author 2				
Co-author 3				

Institution name :

Address:

Email:

contact number:

Title:

AUTHOR DECLARATION

I, the undersigned, _____ presenting author hereby declare that this work has not been presented anywhere before and the abstract is not plagiarized. I will be solely responsible for any queries/ issues raised against presentation which will be presented by me at 52nd IPS National Conference, Vijayawada, 2024

Place:

Date:

Signature of the presenter

AUTHORIZATION

I, _____, certify that the author / s of the above-mentioned scientific presentation is / are Bonafide students of my department.

Place:

Date:

Signature of HOD