

**ABSTRACT SUBMISSION FORM**

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**Audio Visual Requirement:** LCD projection

**Type of presentation:**  [ ] Oral [ ] Poster [ ] Oral/ Poster

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| **Abstract Title** |  |
| **Background (including literature review)** |  |
| **Objective** |  |
| **Methodology (Study design, sampling, setting)** | . |
| **Results** |  |
| **Conclusion** |  |
| **Keywords** |  |

**Note:**

**Please submit this form to** **issicon16.abstracts@gmail.com****.**

Abstract – Maximum 225 words. Please also underline the name of the presenting author.

Presentation will be accepted in LCD projection only.

\*Email address mandatory

\*\*Kindly note Abstracts must be submitted by 31st August, 2016.

