

**ABSTRACT SUBMISSION FORM**

|  |  |
| --- | --- |
| **Author:** |  |
| **Co-authors:** |  |
| **Institution/Department:** |  |
| **Address:** |  |
| **Contact Number:** |  |
| **E-mail\*:** |  |

**Audio Visual Requirement:** LCD projection

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

Would you like to be considered for the Gold Medal Award? Yes No

\*\* Would you like to be considered for the ‘Best Paper Award’? Yes No

|  |  |
| --- | --- |
| **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**](mailto: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.

