



29th Health Sciences Centre Poster Conference 12-13 February 2025



DECLARATION **GRADUATE RESEARCH AWARD FOR MASTER’S PROGRAM**

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Author contribution (Tick all columns applicable to you)						
Author's Name	Conceived research idea	Designed the study	Executed the study/Data collected	Analyzed the data	Wrote the Abstract	Signature
Applicant:						
Supervisor (PI):						
Co-supervisor/Col-1						
Co-supervisor/Col-2						

Supervisor signature with date and stamp:

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