

## 29<sup>th</sup> Health Sciences Centre Poster Conference 12-13 February 2025



## **DECLARATION**

## RESEARCHER AWARD FOR CLINICAL SCIENCES

(Associate Professor, Assistant Professor, Non-Academic)

(To be filled by **Applicant/First author for the above award and signed by all authors**. Submit the signed declaration form within one week of closing date of the abstract to Centre for Research Support and Conferences, FOM. Without this declaration abstract will not be considered for award)

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We, the authors of the abstract above, hereby declare the following.

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• Signing this document indicates that there will not be any new conflict of interest in future, if in case, such as conflict arises, the award will be withdrawn.

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		
1 <sup>st</sup> A:								
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