**Photo (Presenting Author)**

ABSTRACT SUBMISSION FORM

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| AFC Medcon2022 Registration Number: | | | | | | | |  | | | | | | | | | | |
| Title: |  | | | | | | | Theme: | | | | | |  | | | | |
| Name of Presenting Author: | | | Prof. |  | | Dr. |  | Mr. | |  | Ms. | |  | |  | | | |
| Co-Authors: | | | | |  | | | | | | | | | | | | | |
| Professional Qualification | | | | |  | | | | | | | | | | | | | |
| Institution / Organisation: | | | | |  | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | Mobile No. | | | | | |  | |
| Presentation Preference: | | | | | | | | | Poster | | |  | | | | Podium/Oral: | |  |

ABSTRACT CONTENTS:

ABSTRACT CONTENTS *(Cont)*: