

ABSTRACT FORM

ISPRP Membership Number : _____

Category of participation: (Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: SMILE DESIGN FROM PERIODONTAL PERSPECTIVE

Category: Original research Case report / series Survey

Interdisciplinary Review (e-Poster for 1yr PG / Interns)

Implants

Name of the presenters:

1. SHAJIN VISHWANATH.V

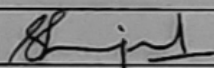
2. _____

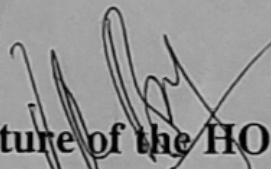
3. _____

(Maximum of 3 authors for Paper / e-Poster presentation from 3 different Specialties.)

Name of the Guide: Dr. V. R. BALAJI, M.D.S.

Name of the institution: CSI COLLEGE OF DENTAL SCIENCES & RESEARCH

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