ABSTRACT FORM

ISPRP Membership Number : TR8438
Category of participation: (Tick appropriate category)
Paper e-Poster
Title of the paper/poster: Use of Amniotic membrane as a novel
Title of the paper/poster: Use of Amniotic membrane as a novel borrier in a both with a questionable prognosis a case report
Category: Original research Case report / series Survey
Interdisciplinary Review (e-Poster for 1yr PG / Interns)
Implants
Name of the presenters:
1. SHONALI VIJAYARAJ
2.
3.
(Maximum of 3 authors for Paper / e-Poster presentation from 3 different Specialties.)
Name of the Guide: Dr. Geetha. A
Name of the institution: Meenakshi Annal Dental College and Hospital.

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.	shoralit	9884257352	shonali vijoyaraj@gmail an
2.			
3.			

Signature of the HOD/Guide

*(Kindly mail the scanned copy of this form along with your abstract in MS word .doc /.docx format to: virtualisprp2021scientific@gmail.com)