

# ABSTRACT FORM

ISPRP Membership Number : \_\_\_\_\_

Category of participation: (Tick appropriate category)

Paper e-Poster

Title of the paper/poster: CERVICAL LESIONS : GRAFT OR RESTORE

Category: Original research  Case report / series  Survey   
 Interdisciplinary  Review ( e-Poster for 1yr PG / Interns)   
 Implants

Name of the presenters:

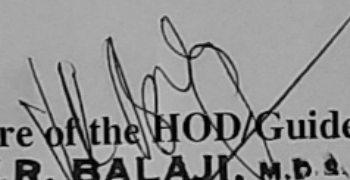
1. G. APARNA ISPRP
2. \_\_\_\_\_
3. \_\_\_\_\_

(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

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.	<u>G. Aparna</u>	<u>8056581418</u>	<u>aparnaganesh95@gmail.com</u>
2.			
3.			

  
**Signature of the HOD/Guide**  
**DR. V.R. BALAJI, M.D.S.,**  
**Professor and Head**  
 Department of Periodontol.

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