

ABSTRACT FORM

ISPRP Membership Number : _____

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Paper

e-Poster

Title of the paper/poster: "Biophotonics: A Magical ray of hope
in dentistry"

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

Name of the presenters:

1. Dr. Misha Rose Mathew
2. _____
3. _____

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

Name of the Guide: Dr. Shamila Shetty K

Name of the institution: AJ Institute of Dental Sciences, Kentikara,
Mangalore.

Sl.No	Signature Of The Presenters	Contact Number	E-Mail Id
1.	<u>Misha</u>	<u>8943954658</u>	<u>misharosemathew@gmail.com</u>
2.			
3.			


Signature of the HOD/Guide

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REGISTRATION FORM

Name : Dr./Mr/Mrs/Ms MISHA ROSE MATHEW

Designation : POST GRADUATE

Specialty : PERIODONTOLOGY AND IMPLANTOLOGY

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Scientific Presentation: Paper Poster None

Faculty Postgraduate Intern

Year of Postgraduation:

ACCOUNT DETAILS

Account Name : ISPRP

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Branch Details. : ABSMIDS Branch

IFSC Code. : SYNB0000245

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Account details of money transfer: Ac No. 20173565088, SBI, Pattom, Trivandrum

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Signature of HOD

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