



YENEPOYA
(DEEMED TO BE UNIVERSITY)
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YENEPOYA DENTAL COLLEGE

(A CONSTITUENT COLLEGE OF YENEPOYA (DEEMED TO BE UNIVERSITY))

University Road, Deralakatte, Mangalore - 575 018.

05.01.2021

BONAFIDE CERTIFICATE

Dr. Theres James, Reg. No. 20DPE04, is a bonafide student of Yenepoya Dental College. She is undergoing 3 years Master of Dental Surgery (M.D.S.) programme in the subject of Periodontics from the academic year 2020 onwards.



Handwritten signature
5/1/2021
PRINCIPAL



1ST VIRTUAL ISPRP NATIONAL CONFERENCE

REGISTRATION FORM



Name : Dr. / Mr / Mrs / Ms THERES JAMES

Designation : POST GRADUATE STUDENT

Specialty : PERIODONTOLOGY

Institution : YENEPOYA DENTAL COLLEGE

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Scientific Presentation: Paper Poster None

Faculty Postgraduate Intern

Year of Postgraduation: 1st year

ACCOUNT DETAILS

Account Name : ISPRP

Account number: 02452200041220

Bank Details : Syndicate Bank

Branch Details : ABSMIDS Branch

IFSC Code. : SYNB0000245

Mode of payment : Gpay Phonepe Paytm NEFT/RTGS

Account details of money transfer:

Account holders name : JAMES T. I

Transaction ID: CMS1749275114

Phone Number Of Transfer Details : 8943208944

Dr. Rajesh K.S.

Professor & Head

Dept. of Periodontology

Yenepoya Dental College

Mangalore - 575018

Signature of HOD
(mandatory for student delegate)

Signature of Delegate

(Kindly mail the scanned copy to : virtualisprp2021scientific@gmail.com)

ABSTRACT FORM

ISPRP Membership Number : _____

Category of participation: (Tick appropriate category)

Paper

e-Poster

Title of the paper/poster: PRESERVE THE TOOTH, ENHANCE
THE HOST

Category: Original research Case report / series Survey

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

Implants

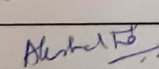
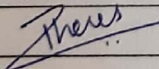
Name of the presenters:

1. DR. AKSHATHA CHATRA
2. DR. THERES JAMES
3. _____

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

Name of the Guide: DR. ARUN KUMAR M.S.

Name of the institution: YENEPOYA DENTAL COLLEGE

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