Abstract Form

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AICC RCOG 1-3 SEPT 2017 Mumbai

Title of the abstract: _____

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Name of Person submitting Abstract: **Surname** **First Name** **Middle Name**

Other Author's Names (Up to 3):

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Type of Presentation

- Free Communication ☐
- Poster ☐
- Interesting Case ☐

Mailing Address:

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Year of passing MBBS:
if applying for Junior Category

All fields are mandatory. Incomplete forms will be rejected.

I have paid Registration fee on _____ Receipt No. _____

Date _____ Signature _____

Complete and send before July 31, 2017 in duplicate to -

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