

## **ABSTRACT FORM**

Kindly attach your visiting card to the form.

Please fill in CAPITAL LETTERS ONLY

### Personal Details

Author's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Year of Passing \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Co Authors' Name \_\_\_\_\_

Member of Which FOGSI Society \_\_\_\_\_ MCI Regi. No. \_\_\_\_\_

### **Type of Presentation (✓ Tick any one)**

Scientific Paper (Oral)

Poster

### **Subject of Paper or Poster (✓ Tick any one)**

Obstetric Hemorrhage

Abnormal Uterine Bleeding

Miscellaneous

Abstract No. \_\_\_\_\_ (for office use only)

Date / Place

Signature of 1<sup>st</sup> Author

For any query please contact:

**Dr. Shashwat Jani,**

**Mob. : 9909944160**

**Email : [wzyuvafogsi2016abstracts@gmail.com](mailto:wzyuvafogsi2016abstracts@gmail.com)**