



AUTHOR DECLARATION FORM

1. Title of the Abstract:											
2. Name(s) and affiliation(s) of author(s):											
<table border="1"><thead><tr><th>Name</th><th>Affiliation</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>				Name	Affiliation						
Name	Affiliation										
3. Details of the corresponding author:											
Name											
Postal Address											
Email Address											
Contact Numbers		Office									
		Mobile									
4. Funding and Acknowledgements (if any):											



5. Declaration by all authors

I/ We the undersigned declare that the content of this Abstract is original, has not been published before and is not currently being considered for publication elsewhere.

All authors participated and contributed to the study.

All authors read and approved the final version of the Abstract and have no conflicts of interest.

Author Name	Signature	Date

6. Studentship Confirmation by the Supervisor

I certify that Mr/ Miss/ Mrs(name) holding the registration number is an undergraduate student studying in (year) attached to the Department of....., Faculty of, University of

☐ I have seen the final camera-ready copy of the abstract and approve it for submission with my name as a co-author (please tick to agree).

.....
Signature of the Supervisor