

**Template to submit the abstracts for the Free Paper session/Postgraduate Forum**  
**College of Dentistry & Stomatology**  
**34<sup>th</sup> Annual Scientific Sessions 2021**

<b>Session</b> (Select the appropriate session for the abstract submission)	<ol style="list-style-type: none"><li>1. Free Paper session</li><li>2. Postgraduate Forum</li></ol>
<b>Title</b> <ul style="list-style-type: none"><li>• In capital letters</li><li>• Should be concise and specific, reflecting the contents of the research</li></ul>	
<b>Names of the authors with initials</b> <ul style="list-style-type: none"><li>• Indicate the order of preference</li><li>• Underline the presenting author</li></ul> E.g. <u>Perera GHK</u> <sup>1</sup> , Samaranayake RH <sup>2</sup>	
<b>Affiliations of the authors</b> <ul style="list-style-type: none"><li>• Mention in italic</li><li>• Should be in the same order of preference</li></ul>	

- Should mention the designation and the placement/training center

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**Abstract text**

**In the order of:**

- Background/introduction
- Aims & objectives
- Material & methods
- Results
- Discussion & Conclusion

### **Declaration form-Free Paper session**

*(Should be duly filled and signed by all authors including the supervisors)*

I/We hereby declare that I/we have participated sufficiently in the conception, design, execution and the analysis of the data and that the reported material represents original research work carried out by myself/ourselves.

Furthermore, I/we certify that neither this abstract nor one with substantially similar content under my/our authorship, has been published or is being considered for publication elsewhere.

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**Declaration form-Postgraduate Forum**

*(Should be duly filled and signed by the postgraduate trainee and the supervisor/s)*

I hereby declare that this abstract represents my own work which has been done under the guidance of undersigned supervisors.

.....

**Name & signature of the Postgraduate trainee**

**Name/names of the supervisor/supervisors**

- |                 |              |                   |
|-----------------|--------------|-------------------|
| <b>1. Name:</b> | <b>Date:</b> | <b>Signature:</b> |
| <b>2. Name:</b> | <b>Date:</b> | <b>Signature:</b> |
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