



**SYMPOSIUM ON
AYURVEDA BIOLOGY & MEDICINE
Jan 18th & 19th - 2019**

REGISTRATION FORM
(To be filled in block letters)

Name: _____

Gender: _____

Designation: _____

Institutional Affiliation with Postal Address:

Mobile: _____

Email: _____

Presenting poster / Participation

Poster Title :

Accommodation needed: Yes / No
(Will be arranged at your cost ,close to the venue)

Payment particulars:

Transaction ID: _____

DD Particulars:

Amount Rs. _____ DD No: _____

Date: _____

Name of the Bank: _____

Applicant Signature

**HOD/Research Supervisor
(PTO)**



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Instructions to the participants

- **Best abstracts will be selected for oral presentation.**
- **Enclose the abstract in a separate sheet.**
- The authors are requested to submit the abstract relevant to the conference theme, maximum of 250 words, typed in Times New Roman, font size 12, line spacing 1.5.
- **Poster presentation Specification: 3 feet (width) and 4 feet (height). Title should be brief in bold letters and cover the full width. The standard elements are,**
 - ✓ Abstract
 - ✓ Introduction (placed at the Upper left)
 - ✓ Methods
 - ✓ Results (with supporting figures/tables)
 - ✓ Conclusion or Summary
 - ✓ References
 - ✓ Acknowledgments /affiliations and conflict of interest (if any)(placed at the lower right) .
- **The abstract should be submitted to our gmail: sabm2019@gmail.com.**
- **Participants who require accommodation has to inform well in advance to confirm reservations. Rooms will be arranged at your cost , close to the venue as per hotel tariff**



**N.RAMA VARIER
AYURVEDA FOUNDATION
(A Charitable Trust)**



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