**Author Declaration Form**

**Academic Sessions of the Faculty of Medicine 2025 (FMAS 2025) University of Ruhuna**

**Title of the abstract:** ……………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………….... I/We declare that the above abstract arises from the original research carried out by me/us and the

same is not already submitted to any other conference/symposium or not under consideration elsewhere in the same or a similar form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Name** | **Contact No** | **E-mail** | **Signature** |
| 1 |  |
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |

 Names will appear in the certificate as mentioned above.

**Name of the Corresponding author:** ………………………………………………………………………………………….. **Name of the Presenting author:**…………………………………………………………………………………………………. **Conflict of interests:**

Authors have no conflicts of interests to declare

If you have any conflicts of interests, please declare them in the space given below.

**Ethical Approval obtained\*: Yes No**

\*Please attach evidence for ethical approval.

**Date: ………………………**