**Author Declaration Form**

**Title of the Abstract:** …………………………………………………………………………………………………....……………………………………………………………………………………………………

**Theme:** ………………………………………………………………………………………....

**√**

Check the boxes if you agree with the given statements.

**√**

**√**

**Preferred form of presentation:** Oral Poster

I/We hereby declare that

* the work reported in the Abstract is an original research carried out by the author/s
* this manuscript has not been published or accepted elsewhere.
* if this work is selected for either oral or poster form, it will not be published or presented elsewhere before the conference day
* all authors have read and approved the final version of the abstract.
* there are no conflicts of interest that could have influenced this study.
* all necessary permissions have been obtained, and the ethical guidelines for conducting research have been adhered to.
* I am/we are responsible for ensuring that the article’s content is accurate.

and,

* I am aware that if this paper is not presented at the InCAPM-2025 or withdrawn after final acceptance, the publication team will inform this matter to the authority of the institution where the work was carried out.

By signing below, I/we acknowledge and agree with the statements above.

|  |  |
| --- | --- |
| Name of the Corresponding Author: | ………………………………………………………………… |
| Signature: | ………………………………. Date: ………………………… |
| Name of the Presenting Author: | ………………………………………………………………… |
| Signature: | ………………………………. Date: ………………………… |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |