**14thAnnual Neurology Research Day for Medical Students, Residents and Allied Health Sciences**

**Abstract Submission Form**

**Instructions for Abstract Submission**

The primary theme of the abstract should be neurological in origin and may include basic neurosciences. Please not that pure neurosurgical, psychiatric, radiological, medical, pediatric, ophthalmologic, and rehabilitation abstracts will not be entertained.

The abstract should be submitted in electronic format in word file(s) at [shifaneurology@gmail.com](mailto:shifaneurology@gmail.com)

Please use: Times New Roman, Regular, 12 Font Size, Single Line Spacing, Left and Right Margins of Paper 1.25”

**Title of Abstract:**

**1stAuthor of Abstract:**

**Co-authors of Abstract:**

**Institution Affiliation(s)**

**Corresponding Address**

Name of Author:

**Designation:** ⁯ Medical Student ⁯ Medical Doctor / PG Trainee

⁯ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone Numbers:** Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_

**E-mail address :** \_\_\_\_\_\_\_\_\_\_\_\_

**Abstract Format** ***(Limit word count to ≤ 250):***

* Background
* Objectives
* Methods
* Results
* Conclusion

Note: Abstract more than 250 words will not be accepted and will be sent back for editing

Preferred Presentation Format (Necessary) **⁯ Platform ⁯ Poster**

E-mail address for abstract submission and queries:[shifaneurology@gmail.com](mailto:shifaneurology@gmail.com)