

ATTESTATION FORM FOR POSTER PRESENTATION

Date :

Place :

To

Dr. _____,

Designation

Department of _____, _____ College/Hospital

Subject: - Permission to present a case at OSMECON-2025.reg

Sir/Madam,

We, _____ (Name of the Delegate 1, Name of the Delegate 2) studying in ____ Semester in _____ College/Hospital would like to present the poster of _____ at OSMECON - 2025 held at Osmania Medical College, Hyderabad. Hence, we request you to grant permission to participate in the Poster Presentation session of OSMECON - 2025.

Thanking you,

Yours sincerely,

Name of the Delegate 1

Name of the Delegate 2

Name of the Delegate 3

(Attested by Faculty)