



OGSSI Monthly Clinical Meeting Case Submission form



Date of Submission : _____

OGSSI Membership Number	
Name	
Mobile number	
Mail ID	
TNMC Regn Number	
Qualification	
Institution	
Guide name & Mobile number (If applicable)	
Category (Tick appropriate one)	Postgraduate / Consultant
Title of presentation	

Abstract (Description of the topic in less than 100 words)

Office use only

Received date	
Date allotted for presentation	
Intimated the presenter with date	