**International Nursing Research Symposium-2023**

**Directorate Nursing Medical Services**

**Ministry of Health**

**AUTHOR/CO-AUTHOR DECLARATION FORM**

**Title of the abstract:**

 (Type here)

* I / We the undersigned, declare that the abstract is original, the title has not been published or presented before, and is not currently being considered for publication elsewhere.
* I/We, the undersigned, agree to submit the abstract with the title to the INUR*ReSYM*- 2023
* I/We, the undersigned, agree that one of the authors will present the work at INUR*ReSYM* if the abstract is accepted for an oral or poster presentation.
* I/ We the undersigned, have participated adequately in designing, implementing, data gathering, and writing the abstract
* I/We, the undersigned agree that, if any author (in absence of the nominated author) fails to present the abstract at, INUR*ReSYM* the organizing committee reserves the right to refuse to publish the abstract.
* I/We, the undersigned agree that INUR*ReSYM* reserves the right to publish the abstract in print or electronic form if it is accepted for oral or poster presentation

.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Author order as in abstract** | **Name of the author** | **Affiliation/s** | **e- signature**  | **e- mail address** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |