COVERING LETTER

ASICON 2025 Participation in Scientific Session

1) Name(s) of Author(s) CAPITAL LETTERS

2) ASI Membership No.

3) Age (For competitive section only)

4) Institution:

5) Names of Co-Authors with ASI Membership No:

6) Name of Presenter ASI M.No.....

Address:

Phone No. Mobile:-

Land Line:- ()

Email:-Corresponding Author:

7) Category of Presentation requested for: (Please tick the applicable item)

- a). Best State Chapter Paper
- b). Best Research Paper
- c). Best Paper
- d). Poster
- e). Dr C Palanivelu Best Post Graduate Paper
- f). Dr C Palanivelu Best Video
- g). Free Paper
- h). Faculty Paper
- i). Innovation

Certified that the mentioned work is done by me and other authors mentioned and that I have not presented this paper previously in any of the Annual Conferences of ASI. Certified that if the paper is selected, I shall present the paper in person at the 85th Annual Conference of ASI without fail.

Place Date

Signature