Declaration**Dr. Nael Al-Naqeeb Award
(GCC & Kuwait)**

(To be filled by the **Applicant/First author for the above award and signed by all authors and the supervisor**. Submit the signed declaration form within one week of closing date of the abstract to Centre for Research Support and Conferences, FOM. Without this declaration abstract will not be considered for any award)

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| Abstract title |  |
| Abstract submission ID |  |
| Name of the first author |  |
| Names of co-authors |  |
| Award category |  |

We, the authors of the above named abstracthereby declare the following.

* The first author is an undergraduate student at GCC/ Kuwait University/graduated from Kuwait University within the last 12 months before the last day of the poster conference.
* The Supervisor(s) is (are) co-author (s) of this abstract.
* All authors agree with sequence of author in the abstract.
* All authors read the abstract and agree with its contents.
* All authors read the award rules and regulations and agree to accept them.
* Research work was done after obtaining appropriate ethical approval from MOH/KU/FOM/ other regulatory bodies. (Strike out not appropriate ones).
* Authors’ contributions are as in the table below.
* Signing this document indicates that there will not be any new conflict of interest in future, if in case, such as conflict arises, the award will be withdrawn.

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| Author contribution (Tick all columns applicable to you) |
| Author’s Name | Conceived research idea  | Designed the study | Executed the study/Data collected. | Analyzed the data | Wrote the Abstract  | Signature |
| 1st A: |  |  |  |  |  |  |
| CoA-1: |  |  |  |  |  |  |
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| ***Supervisor signature with date and stamp*** |

Declaration
**GRADUATE RESEARCH AWARD FOR MASTER’S PROGRAM**

(To be filled by the **Applicant/First author for the above award** **and signed by all authors and the supervisor**. Submit the signed declaration form within one week of closing date of the abstract to Centre for Research Support and Conferences, FOM. Without this declaration abstract will not be considered for award)

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| Abstract title |  |
| Abstract submission ID |  |
| Name of the first Author |  |
| Names of co-authors |  |
| Award category |  |

We, the authors of the above named abstracthereby declare the following.

* The first author for this award is enrolled in a graduate M.Sc. program at Kuwait University/ has graduated from Kuwait University M.Sc. program within the last 12 months before the last day of the poster conference.
* The Supervisor and Co-supervisor (if any) are co-author of this abstract.
* All authors agree with sequence of author in the abstract.
* All authors read the abstract and agree with its contents.
* All authors read the award rules and regulations and agree to accept them.
* Research work was done after obtaining appropriate ethical approval from MOH/KU/FOM/ other regulatory bodies. (Strike out not appropriate ones).
* Authors’ contributions are as in the table below.
* Signing this document indicates that there will not be any new conflict of interest in future, if in case, such as conflict arises, the award will be withdrawn.

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| Author contribution (Tick all columns applicable to you)  |
| Author’s Name | Conceived research idea | Designed the study | Executed the study/Data collected | Analyzed the data | Wrote the Abstract |
| Applicant: |  |  |  |  |  |
| Supervisor (PI): |  |  |  |  |  |
| Co-supervisor/CoI-1 |  |  |  |  |  |
| Co-supervisor/CoI-2 |  |  |  |  |  |

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| ***Signature of the applicant:*** |
| ***Signature of Co-supervisor/CoIs*** |
| ***Signature of Supervisor:*** |

Declaration
**Graduate Research Award for Phd Program**

(To be filled by the **Applicant/First author for the above award and signed by all authors and Supervisor**. Submit the signed declaration form within one week of closing date of the abstract to Centre for Research Support and Conferences, FOM. Without this declaration abstract will not be considered for award)

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| Abstract submission ID |  |
| Name of the first author |  |
| Names of co-authors |  |
| Award category |  |

We, the authors of the abstractabove,hereby declare the following.

* The first author for this award is enrolled in a PhD program at Kuwait University/has graduated from the Kuwait University Ph.D. program within the last 12 months before the last day of the poster conference.
* Supervisor(s) name(s) is(are) included in the authors list.
* All authors agree with sequence of author in the abstract.
* All authors read the abstract and agree with its contents.
* All authors read the award rules and regulations and agree to accept them.
* Research work was done after obtaining appropriate ethical approval from MOH/KU/FOM/ other regulatory bodies. (Strike out not appropriate ones).
* Authors’ contributions are as in the table below.
* Signing this document indicates that there will not be any new conflict of interest in future, if in case, such as conflict arises, the award will be withdrawn.

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| Author contribution (Tick all columns applicable to you)  |
| Author’s Name | Conceived research idea | Designed the study | Executed the study/Data collected | Analyzed the data | Wrote the Abstract |
| Applicant: |  |  |  |  |  |
| Supervisor(PI): |  |  |  |  |  |
| Co-supervisor/CoI-1 |  |  |  |  |  |
| Co-supervisor/CoI-2 |  |  |  |  |  |

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| ***Signature of the applicant:*** |
| ***Signature of Co-supervisor/CoIs:*** |
| ***Signature of Supervisor:*** |

**Declaration
Graduate Research Award for Medical Residents**

(To be filled by **Applicant/First author for the above award** **and signed by all authors.** Submit the signed declaration form within one week of closing date of the abstract to Centre for Research Support and Conferences, FOM. Without this declaration abstract will not be considered for award)

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| Abstract title |  |
| Abstract submission ID |  |
| Name of the first author |  |
| Names of co-authors |  |
| Award category |  |

We, the authors of the abstractabove,hereby declare the following.

* The first author is a medical resident in Kuwait in the last 12 months before the last day of the poster conference
* All authors agree with sequence of author in the abstract.
* All authors read the abstract and agree with its contents.
* All authors read the award rules and regulations and agree to accept them.
* Research work was done after obtaining appropriate ethical approval from MOH/KU/FOM/ other regulatory bodies. (Strike out not appropriate ones).
* Authors’ contributions are as in the table below
* Signing this document indicates that there will not be any new conflict of interest in future, if in case, such as conflict arises, the award will be withdrawn.

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| Author contribution (Tick all columns applicable to you) |
| Author’s Name | Conceived research idea  | Designed the study | Executed the study/Data collected. | Analyzed the data | Wrote the Abstract  | Signature |
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| ***Signature of Applicant with date*** |

Declaration
**Researcher Award for Basic Sciences
(Associate Professor, Assistant Professor, Non-Academic)**

(To be filled by **Applicant/First author for the above award and signed by all authors.** Submit the signed declaration form within one week of closing date of the abstract to Centre for Research Support and Conferences, FOM. Without this declaration abstract will not be considered for award).

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| Abstract title |  |
| Abstract submission ID |  |
| Name of the first author |  |
| Names of co-authors |  |
| Civil id number of Applicant |  |
| Award category |  |
| First Author Affiliation |  |

We, the authors of the abstractabove,hereby declare the following.

First Author Basic Science classifications:

* Non-Academic- Teaching Assistant, Research Associate, Scientific Assistant, Research Assistant, Technical Staff
* Basic Science Assistant Professors in Health Sciences Center, KU
* Basic Science Associate Professors in Health Sciences Center, KU
* The first author should submit affiliation along with the declaration form.
* All authors agree with sequence of author in the abstract.
* All authors read the abstract and agree with its contents.
* All authors read the award rules and regulations and agree to accept them.
* Research work was done after obtaining appropriate ethical approval from MOH/KU/FOM/ other regulatory bodies. (Strike out not appropriate ones).
* Authors’ contributions are as in the table below.
* Signing this document indicates that there will not be any new conflict of interest in future, if in case, such as conflict arises, the award will be withdrawn.

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| Author contribution (Tick all columns applicable to you) |
| Author’s Name | Conceived research idea  | Designed the study | Executed the study/Data collected. | Analyzed the data | Wrote the Abstract  | Signature |
| 1st A: |  |  |  |  |  |  |
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| ***Signature of Applicant with date*** |

Declaration
**Best Young Researcher Award for Clinical Sciences
(ASSOCIATE PROFESSOR, ASSISTANT PROFESSOR, NON-ACADEMIC)**

(To be filled by **Applicant/First author for the above award** **and signed by all authors**. Submit the signed declaration form within one week of closing date of the abstract to Centre for Research Support and Conferences, FOM. Without this declaration abstract will not be considered for award)

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| Abstract title |  |
| Abstract submission ID |  |
| Name of the first author |  |
| Names of co-authors |  |
| Civil id number of Applicant |  |
| Award category |  |
| First Author Affiliation |  |

We, the authors of the abstractabove,hereby declare the following.

First Author Clinical Science classifications:

* Non-Academic- Teaching Assistant, Research Associate, Scientific Assistant, Research Assistant, Technical Staff
* Clinical Science Assistant Professors in Health Sciences Center, KU
* Clinical Science Associate Professors in Health Sciences Center, KU
* The first author should submit affiliation along with the declaration form.
* All authors agree with sequence of author in the abstract.
* All authors read the abstract and agree with its contents.
* All authors read the award rules and regulations and agree to accept them.
* Research work was done after obtaining appropriate ethical approval from MOH/KU/FOM/ other regulatory bodies. (Strike out not appropriate ones).
* Authors’ contributions are as in the table below.
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| Author contribution (Tick all columns applicable to you) |
| Author’s Name | Conceived research idea  | Designed the study | Executed the study/Data collected. | Analyzed the data | Wrote the Abstract  | Signature |
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| CoA-5: |  |  |  |  |  |  |

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| ***Signature of Applicant with date*** |

Declaration **case report award**

(To be filled in by **Applicants/First author for the above award**. Submit the duly signed declaration form within one week of closing date of the abstract to Centre for Research Support and Conferences, FOM. Without this declaration abstract will not be considered for award)

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| Abstract title |  |
| Abstract submission ID |  |
| Name of the first author |  |
| Names of co-authors |  |
| Civil id number of Applicant |  |
| Award category |  |

We, the authors of the abstractabove,hereby declare the following.

* Proof of age (copy of the Civil ID) is submitted along with this Declaration Form.
* All authors agree with sequence of author in the abstract.
* All authors read the abstract and agree with its contents.
* All authors read the award rules and regulations and agree to accept them.
* Research work was done after obtaining appropriate ethical approval from MOH/KU/FOM/ other regulatory bodies. (Strike out not appropriate ones).
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| ***Signature of Applicant with date*** |

Attachment: Copy of the Civil ID