

Author Information and Declaration Form
4th International Research Symposium
Faculty of Allied Health Sciences, University of Ruhuna, Sri Lanka (iRuFARS 2026)

Author Information Form

1. Title of the abstract:

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2. Theme of the abstract (please select one of the themes below. If not, please specify your theme):

I. Nursing and Midwifery

Clinical Nursing	<input type="checkbox"/>	Maternity and Women Health	<input type="checkbox"/>
Nursing Education	<input type="checkbox"/>	Child Health	<input type="checkbox"/>
Nursing Management	<input type="checkbox"/>	Nutrition in Nursing	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>		

II. Public Health & Health Promotions

Family Health	<input type="checkbox"/>
Community and Public Health	<input type="checkbox"/>
Health Promotion	<input type="checkbox"/>

III. Medical Laboratory Science

Clinical Biochemistry	<input type="checkbox"/>
Haematology	<input type="checkbox"/>
Histopathology and Cytopathology	<input type="checkbox"/>
Microbiology	<input type="checkbox"/>
Parasitology	<input type="checkbox"/>
Andrology	<input type="checkbox"/>
Molecular Biology and Genetics	<input type="checkbox"/>

IV. Pharmacy and Pharmaceutical Sciences

Clinical Pharmacy	<input type="checkbox"/>	Pharmaceutical Microbiology	<input type="checkbox"/>
Community Pharmacy	<input type="checkbox"/>	Pharmacognosy / Natural Products Chemistry	<input type="checkbox"/>
Hospital Pharmacy	<input type="checkbox"/>	Pharmaceutical Analysis	<input type="checkbox"/>
Medicinal Chemistry	<input type="checkbox"/>	Pharmaceutical Biotechnology	<input type="checkbox"/>
Pharmacology	<input type="checkbox"/>	Pharmaceutical Quality Control	<input type="checkbox"/>
Pharmacotherapeutics	<input type="checkbox"/>	Regulatory Pharmacy	<input type="checkbox"/>

V. Any other related disciplines in Health Sciences

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**Authors can indicate the relevant theme for the abstract. However, the final decision on the most suitable theme for the abstract will be taken by the Scientific Committee of the iRuFARS 2026.*

3. Author details

3.1 Corresponding author

Name:
Institution:
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3.2 Presenting author

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3.2 Co-authors (use additional paper if the provided space is not sufficient)

Name:
Institution:
Address:
E-mail:
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Author Declaration Form

Title of the abstract:

.....

I/We declare that the above abstract arises from the original research carried out by me/us and the same is not already published/ submitted to any other symposium.

No	Name of the Author	Signature
1		
2		
3		
4		
5		
6		

❖ Names provided here will be included in the certificate.

Conflict of interests:

Yes	No
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Ethical approval*:

Yes	No
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***Please attach evidence for ethical approval.**

Signature of the corresponding author: **Date:**

➤ Please save and email the author information and declaration form documents with the name with initials of the corresponding author together with the number for the theme indicated above without spaces (e.g. **Perera A.B.C.(1).pdf**) as a PDF document.