Manuscript ID:		
Authors:		
Authors' Full Name	Designation	Institute
1	J	
2		
3		
4		
and take public responsibility for it	and have agreed to have my/ou	ent, design and research of this case report or name listed as a contributor. e report nor one with substantially similar
journal. I attest that, if requested by the edi	tors, I will provide the details of gand providing the data/inform	onsidered for publication in any other from patient ation on which the case report is based, fo
I solely will be responsible for Author violation of copy right act regard	enticity and Originality, of this c ding our case report.	ase report, publisher will not be responsibl ght ownership, including any and all rights
incidental or whatsoever, exclusivel the right to grant permission to rep reprints in print or electronic form.	y to the Journal, if this case rep ublish the article in whole or in	ort is published including (a) copyright (b) part. (c) The right to produce preprints or
	take decision, whatsoever, rega is will be solely in between corr	
Name of corresponding author:	•	•
Signature:		
Date:		
(You can fill this form with pen and	l sign. OR alternatively you can	type and do digital signature also. Only

signature of corresponding Author is required and there is no need to take signatures of all authors)

Title Of Case Report: