



<p><b>Discussion:</b>  Emphasize the medical importance of the case report  Adequate literature review pertinent to the case  Mention the limitations or recommendations to the case</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Comments (if any):</p>
<p><b>Conclusion:</b>  The implication of case with a core key message</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/>  Comments (if any):</p>

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Contact No: \_\_\_\_\_

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