

ICMJE DISCLOSURE FORM

Date : 20-07-2022

Your Name: Dr. Mohan Kumar P

Manuscript Title: Knowledge and perception regarding oral manifestations of COVID-19 among the undergraduate and postgraduate students of VISHNU Dental College- A questionnaire based study

Manuscript number (if known): FOMM-22-24

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ICMJE DISCLOSURE FORM

Date : 20-07-2022

Your Name: Dr. Supraja Salwaji

Manuscript Title: Knowledge and perception regarding oral manifestations of COVID-19 among the undergraduate and postgraduate students of VISHNU Dental College- A questionnaire based study

Manuscript number (if known): FOMM-22-24

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13	Other financial or non-financial interests	None	None

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ICMJE DISCLOSURE FORM

Date : 20-07-2022

Your Name: Dr. M.V Ramesh

Manuscript Title: Knowledge and perception regarding oral manifestations of COVID-19 among the undergraduate and postgraduate students of VISHNU Dental College- A questionnaire based study

Manuscript number (if known): FOMM-22-24

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ICMJE DISCLOSURE FORM

Date : 20-07-2022

Your Name: Dr. Ananda Babu B

Manuscript Title: Knowledge and perception regarding oral manifestations of COVID-19 among the undergraduate and postgraduate students of VISHNU Dental College- A questionnaire based study

Manuscript number (if known): FOMM-22-24

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13	Other financial or non-financial interests	None	None

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ICMJE DISCLOSURE FORM

Date : 20-07-2022

Your Name: Dr. Vijay Gurram

Manuscript Title: Knowledge and perception regarding oral manifestations of COVID-19 among the undergraduate and postgraduate students of VISHNU Dental College- A questionnaire based study

Manuscript number (if known): FOMM-22-24

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ICMJE DISCLOSURE FORM

Date : 20-07-2022

Your Name: Dr. Spandana CH

Manuscript Title: Knowledge and perception regarding oral manifestations of COVID-19 among the undergraduate and postgraduate students of VISHNU Dental College- A questionnaire based study

Manuscript number (if known): FOMM-22-24

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