**Departmental Certification for KOACON 2026 Paper Submission**

This is to certify that Dr………is a bona fide postgraduate student currently pursuing [MS/DNB] in Orthopaedics at …………….under the Department of Orthopaedics.

He/She is submitting a scientific paper /poster titled …………..to the KOACON 2026 as a part of academic activity.

The institution has no objection to the submission of this paper to KOACON 2026 and affirms that Dr. ………is representing our institution in this academic endeavor.

Dr. [Full Name of HOD]

Professor and Head of Department

Department of Orthopaedics

[Name of Institution]

[Signature and Seal]