Application form for submitting video to "IAOMR Promotional Video Competition"

1. Category (Tick mark):

- Category-1 Theme: Promotion of Oral Medicine and its practice in India
- o Category-2 Theme: Promotion of Oral and Maxillofacial Radiology and its practice in India

(Please submit separate applications if videos are being submitted for both categories by the same individual(s) / Group / Department)

2. Type of entry: Individual / Department / Group

(Select "Department" if all participant individuals are from the same OMR department from a single institution wherein this application is attested by the HOD (Serial No. 6) indicating that this application is on behalf of the department and select "Group" if participant individuals are practitioners or are from OMR departments from different institutions or are from the same OMR department wherein this application is <u>not</u> attested by the HOD indicating that this application is <u>not</u> on behalf of the department) 3. **Details of participant individuals (maximum 10 individuals):**

S.	Name of individual	Designation	Institution	IAOMR
No.				Membership
				No.
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

4. Details of corresponding participant:

me:	• • • •
Il correspondence address:	
	• • • •
	• • • •
	••••

City / Town / Village:	State:
Pincode:Telephone Nos	. (With STD Code):
Mobile Nos.:	
E-mail address:	@
5. Name of participant individual (if type of e	ntry is group or department) nominated for
complimentary registration for the upcoming	2019 National Conference of IAOMR at Amritsar (in
case the group or department wins the prize)	•
6. Attestation by HOD (for departmental entr	ry only):
This is to certify that this application for particip	pation in the "IAOMR Promotional Video Competition" is
the only application being submitted by and is o	n behalf of the Department of Oral Medicine and
Radiology, (college name and address)	
Name of the HOD: Dr	
Signature of the HOD:	

Date:

7. Signatures of participant individuals:

S. No.	Name of individual	Signature of individual
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

8. Date:.....

(Last date of submission: 30.06.2019)