Indian Academy of Oral Medicine & Radiology

Community Service Award (Group) - 2019

Format for Entry Form

Name of the Group or Institution : ……..……

……..

Name of the Participants : 1. Dr. .....

2. Dr. .....

3. Dr. .....

4. Dr. .....

5. Dr. .....

6. Dr. .....

7. Dr. .....

8. Dr. .....

9. Dr. .....

10. Dr. .....

(To add more names, attach separate sheet) ……...

I.A.O.M.R. Membership Type with I.A.O.M.R. Membership No. of participants : (Attach separate sheet, if nessesary)

1. Life / Annual , ...

2. Life / Annual , ...

3. Life / Annual , ...

4. Life / Annual , ...

5. Life / Annual , ...

6. Life / Annual , ...

7. Life / Annual , ...

8. Life / Annual , ...

9. Life / Annual , ...

10. Life / Annual , ...

(In case you don't have the no., please submit a self declaration form containing receipt no. / date of payment / place of payment / person to whom paid)

Full Postal Address of the Group leader / HOD / Institution with Pin Code : .... State …..... Pin Code .....

Cont'd Page - 2

Indian Academy of Oral Medicine & Radiology

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Group leader / HOD / Institution's contact details (Telephone Nos. with STD Code) :

(R) ..... (C) ..... Fax No. .....

E-Mail Address ..... @ …….…..…. Mobile Nos. .....

Activities carried out : **(Please attach separate sheet mentioning details of activities carried out in chronological order)**

Theme of the activity : **.....……...**

……..

Proof of the activity :

1. **Photographs**
2. **Certificates**
3. **Media clipping**
4. **Any others**

DECLARATION

I, Dr. ..... hereby declare that the above mentioned activity carried out is not sponsored / part of any other activity sponsored by any association / company / group and the same has been done under the sole banner of the Indian Academy of Oral Medicine & Radiology.

Signature of Group leader / HOD …….....

Name of the Group leader / HOD.....

Date ..... **Place .....**
