



Indian Academy of Oral Medicine & Radiology



Community Service Award (Individual) - 2021

Format for Entry Form

Name of the Participant : Dr.

IAOMR Membership Type : Life / Annual

IAOMR Membership No : (In case you don't have the no., please submit a self declaration letter containing receipt no. / date of payment / place of payment / person to whom paid & necessary photocopies in this regard)

Full Correspondence Address
of the Participant
with Pin Code :

State Pin Code

Participant's Telephone Nos. (With STD Code) : (R) (C)

E-Mail Address : @

Fax No. : 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 (Enclose the following) :

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.

Date : Signature of contestant :

Place : Name of contestant : Dr.



Indian Academy of Oral Medicine & Radiology



Community Service Award (Group) - 2021

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 | 1. Life / Annual , |
| with I.A.O.M.R. Membership No. of | 2. Life / Annual , |
| participants : | 3. Life / Annual , |
| (Attach separate sheet, if nessesary) | 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



Indian Academy of Oral Medicine & Radiology



Community Service Award (Group) - 2021

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