



# Indian Academy of Oral Medicine & Radiology



## Dissertation Competition – 2019

### Format for Entry Form

Name of the Participant : Dr. ....

Title of Dissertation : .....

.....

.....

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. : .....

Name of College : .....

Full Postal Address .....

of the College .....

with Pin Code : .....

State ..... Pin Code .....

College Telephone Nos. (With STD Code) : .....

College E-Mail Address : ..... @ .....

College Fax No. : .....

University : .....

Name of Guide : Dr. ....

Date on which dissertation was approved

and signed by Guide (prior to submission to university) : .....

Appeared for the M.D.S. Exam in ..... (Month) .....(Year)

Passed the M.D.S. Exam in ..... (Month) .....(Year)



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### DECLARATION

I, Dr. .... hereby submit my Dissertation for the IAOMR Dissertation Competition-2019. The particulars given on prepage are true. I solemnly confirm to abide by the rules of competition.

Date : ..... Signature of contestant : .....

Place : ..... Name of contestant : Dr. ....

### ENDORSEMENT

The particulars given on prepage by Dr. ...., who is a contestant for the IAOMR Dissertation Competition-2019, are true to the best of my knowledge and belief. I recommend considering his / her Dissertation for the competition.

Signature of Guide : .....

Name of Guide : Dr. ....

Department seal

(Oral Medicine, Diagnosis & Radiology) :

Telephone Nos. (With STD Code) : (R) ..... (C) .....

E-Mail Address : ..... @ .....

Fax No. : ..... Mobile Nos. : .....

Full Correspondence .....

Address of the Guide .....

with Pin Code : .....

State ..... Pin Code .....

Place: .....

Date: .....