



Indian Academy of Oral Medicine & Radiology



Essay Competition – 2019

Entry Form

Name of the Participant : Mr./Ms./Dr.

Title of Essay :

Category (Please ✓) :

- 1. Undergraduate student
- 2. Postgraduate student in the specialty of Oral Medicine, Diagnosis & Radiology of a D.C.I. approved / recognized Dental College / Wing
- 3a. Teaching Staff in the specialty of Oral Medicine, Diagnosis & Radiology of a D.C.I. approved / recognized Dental College / Wing
- 3b. Doctors not attached to any Dental College but holding a M.D.S. degree in the specialty of Oral Medicine, Diagnosis & Radiology or equivalent, as recognized by the D.C.I.

IAOMR Membership Type : Life / Associate Life / Annual (For Category Nos. 2, 3a, & 3b only)

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. :

To be filled by participants in Category 1, 2 & 3a only : -

Name of College :

Full Postal Address

of the College

with Pin Code :

State Pin Code

College Telephone Nos. (With STD Code) :



Indian Academy of Oral Medicine & Radiology



Essay Competition – 2019

College E-Mail Address : @

College Fax No. :

University :

DECLARATION

I, Mr./Ms./Dr. hereby submit my Essay for the IAOMR Essay Competition-2019. The particulars given above are true. The Essay submitted is my own preparation and I have the sole rights to it. I solemnly confirm to abide by the rules of competition.

Date : Signature of contestant :

Place : Name of contestant : Mr./Ms./Dr.

ENDORSEMENT

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

Signature of Professor & Head

Oral Medicine, Diagnosis & Radiology Dept. :

Name of Professor & Head

Oral Medicine, Diagnosis & Radiology Dept. : Dr.

Department seal

(Professor & Head)

(Oral Medicine, Diagnosis & Radiology) :

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

E-Mail Address : @

Fax No. : Mobile Nos. :

Full Correspondence

Address

with Pin Code :

State Pin Code

Place: Date: