



# Indian Academy of Oral Medicine & Radiology

## AWARD FOR THE HIGHEST SCORER IN THE SUBJECT OF ORAL MEDICINE & RADIOLOGY AT THE B.D.S. EXAMINATION FROM INDIVIDUAL COLLEGES

### NOMINATION FORM FOR HIGHEST SCORER AWARD IN COLLEGE

Name of the student : Mr./Ms./Dr. \_\_\_\_\_

Percentage of marks scored in Oral Medicine & Radiology (Theory + Practicals included) : \_\_\_\_\_ %

Full postal residential address \_\_\_\_\_

of the participant with pincode : \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_

Participant's telephone nos. (STD code) \_\_\_\_\_ (R) \_\_\_\_\_ (C) \_\_\_\_\_

e-mail address \_\_\_\_\_ @ \_\_\_\_\_

Fax no. \_\_\_\_\_ Mobile nos. \_\_\_\_\_

Name of the college \_\_\_\_\_

(Only entries from DCI recognized colleges shall be considered in the competition)

Full postal address \_\_\_\_\_

of the college with pincode : \_\_\_\_\_

State \_\_\_\_\_ Pincode \_\_\_\_\_

College telephone nos. (with STD code) \_\_\_\_\_

e-mail address \_\_\_\_\_ @ \_\_\_\_\_ Fax no. \_\_\_\_\_

Name of the university \_\_\_\_\_

Location of the university : Place \_\_\_\_\_ State \_\_\_\_\_

Is your college the only dental college affiliated to the university (Please ✓) : ☐ YES ☐ NO

Are you also the university topper in Oral Medicine & Radiology (Please ✓) : ☐ YES ☐ NO

(Note : Before filling up the nomination form, please ascertain that you have indeed scored the highest in the subject of Oral Medicine & Radiology (Theory + Practicals included) at the college / university level. Only entries received by the Head Office will be considered for the award and candidates who have NOT put in their nomination for this award even though they have scored the highest at the college level, shall forfeit their right to claim the award).

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### **DECLARATION**

I, Mr./Ms./Dr. ...., hereby submit my nomination for the IAOMR Highest Scorer (Theory + Practicals included) in Oral Medicine & Radiology subject at the college level. The particulars given on prepage are true. I have passed the First, Second, Third & Final B.D.S. examinations in the first attempt and have NOT taken a drop / absented myself / failed in any subject anytime at any scheduled university examination which I should have answered in the normal course of events. I confirm that my college is recognized by the DCI.

I am herewith enclosing photocopies of my first, second, third and final (semester I & II where applicable) B.D.S. university marks lists attested by the HOD, Dept. of Oral Medicine & Radiology of my college in support of my nomination. I confirm that I have passed the final B.D.S. university examination during the period from 1<sup>st</sup> July, 2018 to 30<sup>th</sup> June, 2019.

Date : ..... Signature of the student : .....

Place : ..... Name of the student : Mr./Ms./Dr. ....

### **ENDORSEMENT**

The particulars given on prepage by Mr./Ms./Dr. ...., who is a contestant for the '2018-19 IAOMR Highest Scorer Award', are true to the best of my knowledge and belief. I recommend considering him / her for the Award.

Signature of HOD : .....

Name of HOD : 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 HOD .....

with Pin Code : .....

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

Place: ..... Date: .....