



# INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

## Community Service Award (Group) - 2022 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 necessary) :

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, .....

Full Postal Address of the Group leader / HOD /.....  
.....  
.....

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Institution .....

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

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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 .....

**Note: The competition is open only for the members of IAOMR. The persons not having IAOMR membership are requested to apply online for membership through IAOMR website and attach a screenshot of the same with payment details.**