Community Service Award (Individual) – 2024

Format for Entry Form

Name of the Participant : Dr. ....

IAOMR Membership No : ………..

Full Correspondence Address of the Participant ………..

....

....

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 (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. ....

NOTE LAST DATE TO RECIVE BY POST/COURIER IS 20TH OCT 2024

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.