



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 (2 PAGES FORM – TO BE
FILLED IN BLOCK LETTERS)

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 pin code _____

(where the Appreciation _____

Certificate is to be posted) : State _____ Pin code _____

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

E-Mail Address* : @ (* REQUIRED)

Fax No. : Mobile Nos.* : (* REQUIRED)

Name of the college _____

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

Full postal address _____

of the college with pin code :

State _____ Pincode _____

College telephone nos. (with STD code) _____

e-mail address _____ @ _____ Fax no. _____

Name of the university _____

Location of the university : Place _____ State _____

(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 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).

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 above 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



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should have answered in the normal course of events. I confirm that my college is recognized / approved by the DCI. -- Cont'd Page : 2 --

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 1st July, 2018 to 31st August, 2018

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 '2010-11 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:

-- End of Form --