

Essay Competition – 2024

**Entry Form**

Name of the Participant : Dr. ............................................................................................................

Title of Essay : ………........................................................................................................................................

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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 college as teaching staff but holding a M.D.S. degree in the specialty of Oral Medicine & Radiology or equivalent, as recognized by the D.C.I.

IAOMR Membership No : ...........................(FOR **PG STUDENTS AND FACULTY** ONLY)

Full Correspondence Address of the Participant ………......................................................................

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E-Mail Address : ……............................................................................... @ ...................................................

Mobile Nos. : ……………..…......................................................

Name of College : ..................................................................................................................

Full Postal Address of the College:/Clinic …......................................................................................

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# Note: PG STUDENTS AND FACULTY 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.

DECLARATION

I, Dr hereby submit my Essay for the

IAOMR Essay Competition-2024. 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: Dr. ........................................................

**ENDORSEMENT (For Categories 3a & 3b only)**

1. I Dr …………………………………………………………………. , have passed MDS in the year…….and working as a teaching staff in Dental

College.

2. I Dr………………………………………………………………….., have passed MDS in the year

……….. and not attached to any dental college.

**ENDORSEMENT (For Categories 1 & 2 only)**

The particulars given on previous page by Dr , who is a contestant for

the IAOMR Essay Competition-2024, are true to the best of my knowledge and belief. I recommend considering his / her Essay for the competition.

Name & Signature of Professor & Head with seal

Oral Medicine, Diagnosis & Radiology Dept. : ..........................................................................................

**NO Members ship No required for INTERNS and UG students**

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