



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

Community Service Award (Group) - 2024 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 /.....
.....
.....

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

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 – LAST DATE TO RECIVE BY COURIER/POST 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.