

INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

Community Service Award (Individual) - 2022

Format for Entry Form

Name of the Participant : D	r
IAOMR Membership No:	
Full Correspondence Addre	ess of the Participant
Mobile Nos.:	
Activities carried out :	(Please attach separate sheet mentioning details of activities carried out in chronological order)
Theme of the activity:	
2 3	se the following): . Photographs . Certificates . Media clipping . Any others
	<u>DECLARATION</u>
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 sa	me has been done under the sole banner of the Indian Academy of Oral Medicine
& Radiology.	
Date :	Signature of contestant :
Place:	
Note: The competition is o	open only for the members of IAOMR. The persons not having IAOMR
membership are requested	d to apply online for membership through IAOMR website and attach a
screenshot of the same wit	th payment details.

