



Indian Academy of Oral Medicine & Radiology



Dissertation Competition – 2018(2 Pages Form)

Format for Entry Form (To be Filled in BLOCK Letters Only)

Name of the Participant : Dr.

Title of Dissertation :

.....

.....

IAOMR Membership Type : Life

IAOMR Membership No : (In case you don't have the no., please submit a self declaration letter containing receipt no. / date of payment / place of payment / person to whom paid & necessary photocopies in this regard)

Full Correspondence Address

of the Participant

with Pin Code :

State Pin Code

Participant's Telephone Nos. (With STD Code) : (R) (C)

E-Mail Address* : @ (* REQUIRED)

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

Name of College :

Full Postal Address



Indian Academy of Oral Medicine & Radiology



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of the College

with Pin Code :

State Pin Code

College Telephone Nos. (With STD Code) :

College E-Mail Address : @

College Fax No. :

University :

Name of Guide : Dr.

Date on which dissertation was approved

and signed by Guide (prior to submission to university) :

Appeared for the M.D.S. Exam in (Month)(Year)

Passed the M.D.S. Exam in (Month)(Year)

-- Cont'd Page : 2 --

DECLARATION

I, Dr. hereby submit my Dissertation for the IAOMR Dissertation Competition-2011. The particulars given on prepage are true. I solemnly confirm to abide by the rules of competition.

Date : Signature of contestant :

Place : Name of contestant : Dr.



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ENDORSEMENT

The particulars given on prepage by Dr., who is a contestant for the IAOMR Dissertation Competition-2011, are true to the best of my knowledge and belief. I recommend considering his / her Dissertation for the competition.

Signature of Guide :

Name of Guide : 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 Guide

with Pin Code :

State Pin Code

Place:

Date:



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-- End of Form --