



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

Community Service Award (Group) - 2025 **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 ALONG WITH ALM AND/OR LM MEMBERSHIP NUMBER)

Full Postal Address of the Group leader / HOD /.....
.....
.....

2. 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

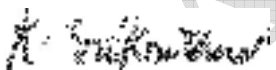
Name of the Group leader / HOD.....

Date.....

Place.....

Note – LAST DATE TO RECIVE BY COURIER/POST IS 20TH OCT 2025

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.



**DR SRIKRISHNA
PRESIDENT**



**Dr. SHIVA PRASAD S
Hon. Gen. Secretary IAOMR**