



# INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

## Community Service Award (Individual) - 2023

### Format for Entry Form

Name of the Participant : Dr. ....  
IAOMR Membership No : .....  
Full Correspondence Address of the Participant .....  
.....  
.....  
E-Mail Address : ..... @ .....  
Mobile Nos. : .....

Activities carried out : (Please attach separate sheet mentioning details of activities carried out in chronological order)  
Theme of the activity : .....  
.....

Proof of the activity (Enclose the following) :  
1. Photographs  
2. Certificates  
3. Media clipping  
4. Any others

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### 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.

Date : ..... Signature of contestant : .....

Place : ..... Name of contestant : Dr. ....

**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.**

