GUIDELINES COMMUNITY SERVICE AWARD – INDIVIDUAL - 2026

1. **Eligibility**
   - The award is open only to **valid IAOMR members**.
   - The IAOMR Membership Number must be mentioned in the application.
2. **Community Service Activity**
   - The activity should demonstrate **meaningful community-oriented service** related to oral health, healthcare, prevention, awareness, tobacco cessation, screening, education or other relevant community initiatives.
   - The community-service activities should have been carried out between January 2026 and September 2026.
3. **Personal Involvement**
   - The applicants should clearly mention their personal role and contribution in the activity.
   - In case of a group activity, the role and contribution of all participating team members should be clearly mentioned.
4. **IAOMR Association**
   - The submitted activity should be carried out under the IAOMR banner.
   - Any involvement of other institutions, organisations or agencies should be clearly disclosed.
5. **Activity Details and Supporting Evidence**
   - Details of the community-service activities should be duly filled in the format provided in the application form.
   - For multiple activities, a separate sheet should be attached describing all activities in chronological order**.**

COMMUNITY SERVICE AWARD (INDIVIDUAL)- 2026

- Each activity should mention the date, location, service provided, beneficiaries, applicant's role and measurable outcome.
- All supporting evidence/documents as specified in the application form should be duly signed, wherever applicable, and submitted along with the completed application form.

6. **Declaration**

- The applicant must sign and date the declaration confirming that the information provided is true and that the activity has not been incorrectly claimed as another organisation's activity.

7. **Submission**

- The completed application form and supporting documents should be submitted to **secretaryiaomr@gmail.com**.
- **Last date for submission: 20 October 2026.**
- Incomplete or late applications may not be considered.

COMMUNITY SERVICE AWARD (INDIVIDUAL) - 2026

For any queries, contact
Dr. Avinash Tejasvi.M. L
Hon.General Secretary, IAOMR
8096641123

Dr.Prashanth Shenoy
President
IAOMR

Dr. Avinash Tejasvi.M. L
Hon.General Secretary
IAOMR

INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

COMMUNITY SERVICE AWARD – INDIVIDUAL | 2026

ENTRY / NOMINATION FORM

A. PARTICIPANT DETAILS

Name of Participant	
Institution	
Clinic name **(For Practioners)**	
IAOMR Membership No. (LM/ALM)	
Full Postal Address	
Mobile No.	
Email ID	

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B. COMMUNITY SERVICE ACTIVITY DETAILS

Title / Name of Activity	
Theme / Community Need Addressed	
Date(s) / period of Activity	.
Place / Area of activity(s)	
Target Beneficiaries and number of Beneficiaries	
Approx. Number of Beneficiaries	
Nature of Service	
Collaborating Organisations (if any)	
Funding / Sponsorship Details	
Role of the Participant	

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C. SUMMARY OF COMMUNITY SERVICE ACTIVIY

Social / Community Need Addressed	
Direct Benefit to the Community	
Sustainability / Continuity of the Initiative	
Additional Impact / Special Contribution	

COMMUNITY SERVICE AWARD (INDIVIDUAL)- 2026

Detailed Activity Report: Attach a separate chronological report describing objectives, planning, implementation, services provided, beneficiaries, outcomes/impact and follow-up.

E. IMPACT / OUTCOME OF THE COMMUNITY SERVICE ACTIVITY

• Key outcomes / measurable benefits to the community:

• Number and type of services/interventions delivered:

• Evidence of sustainability/follow-up:

• Innovative or distinctive aspects of the initiative:

COMMUNITY SERVICE AWARD (INDIVIDUAL)- 2026

E. SUPPORTING DOCUMENTS / EVIDENCE

☐ Gio tagged Photographs with captions and dates

☐ Certificates/appreciation letters

☐ Media reports/newspaper or digital media clippings

☐ Attendance/beneficiary records, where appropriate

☐ Programme posters, brochures or reports

☐ Any other relevant documentary evidence

Please label and number all annexures (Annexure 1, Annexure 2, etc.) and cross-reference them in the activity report.

F. DECLARATION

I, Dr. _____, hereby declare that the information furnished in this application is true and correct to the best of my knowledge. I further declare that the activity submitted for this award was carried out under the banner of IAOMR and is not being submitted as an activity sponsored by any other association, company or organization.

Date & Place

Signature of Group Leader / HOD

Name

LM No

COMMUNITY SERVICE AWARD (INDIVIDUAL)- 2026

G. CHECKLIST

☐ Entry form completed and signed

☐ All participating members have valid IAOMR membership/membership application evidence

☐ Chronological activity report attached

☐ Supporting photographs/certificates / media evidence attached

☐ Declaration signed by Participant

Dr. Prashanth Shenoy
President
IAOMR

Dr. Avinash Tejasvi.M. L
Hon.General Secretary
IAOMR

COMMUNITY SERVICE AWARD (INDIVIDUAL)- 2026