



# INDIAN ORTHODONTIC SOCIETY

## APPLICATION TO PARTICIPATE IN THE 'NATIONAL ACADEMIC EXCHANGE PROGRAM' OF THE INDIAN ORTHODONTIC SOCIETY

The following students & faculty are permitted to participate in the National Academic Exchange Program Of The Indian Orthodontic Society. (Mention the name and SLM/LM no of the participants).

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

The following is as my preferred order of the host departments

- 1)
- 2)
- 3)
- 4)

5)

6)

7)

8)

HODs Name & Contact number-

Name & address of the Institute-

Date-

Signature of the HOD-

Date-

Signature of the Head of the Institution-

[Scan & mail the filled, signed form to [secretary@iosweb.net](mailto:secretary@iosweb.net) with CC to [studentscommitteeios@gmail.com](mailto:studentscommitteeios@gmail.com)] with the subject as

'APPLICATION TO PARTICIPATE'.