



INDIAN ORTHODONTIC SOCIETY
APPLICATION FOR IOS ANNUAL RESEARCH GRANTS

NAME OF THE GRANT:

NAME OF THE APPLICANT:-

IOS MEMBERSHIP NO :- LM/SLM.

AGE / SEX:

MAILING ADDRESS:-

PIN CODE:

STATE:

MOB. No.:

TEL. No. With AREA CODE:-

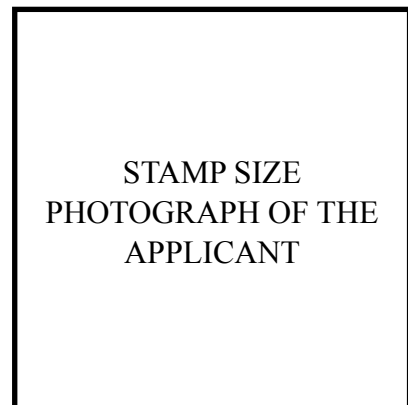
E-MAIL:-

I,hereby

agree that the furnished information / attached are true to the best of my knowledge.

I hereby declare that this work has not been submitted for any other category of award nor has been awarded any other GRANT.

NAME AND SIGNATURE
OF THE APPLICANT WITH DATE





Title:-

Whether the work is part of a dissertation/thesis :-

Institution to which the work can be attributed to:-

Ethical approval no:-

Collaborators /guides :-

Source(s) of support:-

Clinical trial registry no:(in case of clinical trial):-

Proposed budget:-

Proposed duration of project:-

Name & signature of researcher:-

Name & signature of guide and co-guide:-



FORMAT FOR PROPOSAL (Restricted to 2500 words)

Title:-

Structured Abstract:- (250 words)

Introduction and premise:-

Objectives:-

Materials & methods:-

References:-

For queries contact secretary@iosweb.net
or Chairman IOS RF Dr.Sukhdeep Singh Kahlon singhkahlon@yahoo.com
(9888897473)

Application in PDF/Word format must be sent by email, with subject heading IOS RF preliminary proposal to the undersigned by 5 pm on 31st March 2024.

Dr. Sanjay Labh,
Hon. Secretary, Indian Orthodontic Society, secretary@iosweb.net and cc to iosresearchfoundationgrant@gmail.com