



INDIAN ORTHODONTIC SOCIETY

APPLICATION FOR IOS ANNUAL AWARDS 2025

NAME OF THE AWARD :

.....
.....

NAME OF THE APPLICANT:

.....

IOSMEMBERSHIP NO : LM/SLM.....

AGE / SEX:

MAILING ADDRESS:

.....
.....
.....

PIN STATE:.....

MOBILE.....

TEL. NO . WITH CODE.....

E-MAIL :

DOCUMENTS ATTACHED :

1)

2)

3)

4)

5)

6)

I.....hereby
declare that the above furnished information / testimonials attached are true to
the best of my knowledge, if found untrue, I shall be liable for appropriate
action by IOS

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

NAME AND SIGNATURE

OF THE APPLICANT WITH DATE

VALIDATION BY GUIDE/HOD/DEAN

STAMP SIZE
PHOTOGRAPH
OF THE
APPLICANT

Mailing address:

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Hon Secretary, IOS

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