**INDIAN ORTHODONTIC SOCIETY**



 **APPLICATION FOR IOS ANNUAL AWARDS 2024**

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

|  |
| --- |
| STAMP SIZE PHOTOGRAPH OF THE APPLICANT  |

**NAME AND SIGNATURE**

**OF THE APPLICANT WITH DATE**

**Mailing address:**

**Dr. Sanjay Labh**

**Hon Secretary, IOS**

**Centre for Advanced Dental Care,**

**VPS21, Shipra Krishna Vista Plaza**

**Indirapuram, Ghaziabad,**

**Delhi NCR 201014**

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