



INDIAN ASSOCIATION OF ORAL & MAXILLOFACIAL PATHOLOGISTS

Registered under section 80G of the IT ACT – Order No. DIT(E)/MC/80-G/3226/2003/2003-04

Application form for Fellowship Program of IAOMP

| | | | |
|--|--|--------------------|--------------------------|
| Name | Dr. _____ | | |
| Date of Birth | _____ | Age: _____ years | Gender _____ |
| Residential Address | Phone No : (R) _____ Phone No : (c) _____ Mobile No : _____ Email _____ | | |
| IAOMP life membership number | _____ | Member since _____ | |
| Present Institutional address | Phone No: (o) _____ | | |
| Year of Passing & University | _____ | | Attach proof(Annexure A) |
| Years of Teaching experience | _____ | _____ Points | Attach proof(Annexure B) |
| IAOMP conferences attended | _____ | | Attach proof(Annexure C) |
| Publications | _____ | | |
| Books - Name, year, Publisher, ISBN number | _____ | _____ Points | Attach proof(Annexure C) |



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| Chapters contributed to books - Name, year, Publisher, ISBN number, Editor(s) | | ____Points | Attach proof(Annexure D) |
| Publications in International, Peer reviewed indexed Journals * | | ____Points | Attach proof(Annexure E) |
| Publications in National, Peer reviewed indexed Journals * | | ____Points | Attach proof(Annexure F) |
| Publications in International, Peer reviewed non-indexed Journals | | ____Points | Attach proof(Annexure G) |
| Publications in National, Peer reviewed non-indexed Journals | | ____Points | Attach proof(Annexure H) |
| International conferences | | | |
| Attended | | | |
| Presented | | ____Points | Attach proof(Annexure I) |
| Invited lectures | | ____Points | Attach proof(Annexure J) |
| National conferences | | | |
| Attended | | | |
| Presented | | ____Points | Attach proof(Annexure K) |
| Invited lectures | | ____Points | Attach proof(Annexure L) |
| PhD | | | |
| Year, University | | 25 points | Attach proof(Annexure M) |

* - Pubmed Indexed Journals



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Total number of Points accumulated and claimed by the candidate: _____ points

Undertaking

I Dr. _____, working as a Professor in Department of Oral Pathology and Microbiology at _____, do confirm that the above mentioned facts are true to the best of my knowledge. I do understand that I will be required to produce the original certificates, if necessary, when required by the committee. The fellowship may be revoked for not attending 3 consecutive IAOMP conferences.

Date:

Place:

Signature of candidate

For official use only

Received on

Payment details

Points verified by:

Status : Granted/ Permitted / Rejected

Communicated on