



INDIAN ASSOCIATION OF CONSERVATIVE  
DENTISTRY AND ENDODONTICS

**Young Achiever Award Under Graduate -2024**

**APPLICATION FORM**

1. Name of the Student .....
2. Address of the Student .....
- .....
- Mobile No ..... Email.ID .....

3. Name & Address of the HOD .....
- .....
- Mobile No ..... Email.ID .....

4. Name & Address of the Head of the institution .....
- .....
- Mobile No ..... Email.ID .....

5. Tick (  $\checkmark$  ) the documents attached
- |  |   |                          |
|--|---|--------------------------|
| Attested copy of mark sheet                | - | <input type="checkbox"/> |
| Attested copy of publications(s)           | - | <input type="checkbox"/> |
| Attested copy of Award(s)/ certificate won | - | <input type="checkbox"/> |

Signature of the Student

Signature of the HOD

Signature of Head of Institution  
with College Seal

Scanned copy of the application form along with the documents should reach the mail box of IACDE Head Office on or before **10<sup>th</sup> November 2024** ([iacdeawards@gmail.com](mailto:iacdeawards@gmail.com))