

DR. U. S. KRISHNA NAYAK AWARD

Name

Branch.

Address

Is this your first term as president of your branch

 Yes No

Various posts held by you in the local or State Branch with in the past five years

 Use additional sheet

| ITEM | I PLEASE ANSWER | II DOCUMENTARY PROOF ADDITIONAL SHEET NO. | III MARK GIVEN BY AWARDS COMMITTEE | IV MAXIMUM MARKS |
|--|---------------------------|---|--|----------------------------|
| 1 Do you have a copy of constitution | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 |
| 2 Total number of annual and life members in your branch last year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 Total number of annual and life member in your branch this year | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 |
| 4 What steps you have taken, to promote / increase the membership of your branch | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| 5 What is the average attendance of members at CDE Meeting /General Body Meeting of your branch (percentage) | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 |
| 6 How many Executive Committee of Meeting of your branch have you convened this year | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| 7 What steps have you initiated to increase the attendance at all these meeting | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| 8 What is the average attendance (percentage) at these meeting. | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| 9 Has your branch participated in the H.O. Election during the current year | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| 10 Has your branch participated in H.O./ State Annual Awards | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| 11 Have you attended President / Secretary seminar when conducted by your State / H.O. | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| 12 How many State and National conferences you have attended so far ? Give Detail | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| 13 New projects you have undertaken in this year ? | <input type="text"/> | <input type="text"/> | <input type="text"/> | 25 |
| 14 Have you ensured that the State Office and H.O. Share of subscription was sent within specified time ? | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 |
| 15 Have you send the a list of members and office bearers of your branch with their addresses to State Office & H.O. On time Please give dates of posting this information | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 |
| 16 Have you verified the membership register sent by IDA H.O. | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 |
| 17 Have you sent the activities report of the branch to State / h.o. If so, inform whether you had sent monthly / quarterly / anual (give details & copies) | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| 18 Have you intimated your branch programmes / invitations to State / H.O. Regularly then and there, all though full year give details. | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| 19 5% of the total marks obtained for over all Branch activities (Coloumn 1-8) | <input type="text"/> | <input type="text"/> | <input type="text"/> | 50 |
| Total | <input type="text"/> | <input type="text"/> | <input type="text"/> | 300 |

GENERAL APPLICATION AWARD

For the year

Name of the Branch :

Status of Branch :

State

Local

Name of President :

Name of Secretary :

Term of office of Secretary :

Form

To

Name of Editor :

Total No.of

A. Annual Members :

B. Life Member :

C. Student Member :

Whether Balance Sheet for this financial year is attached or not :

Yes

No

If no , why it is not attached give reason :

Branch President

Branch Secretary

INDIAN DENTAL ASSOCIATION

JOURNAL AWARD

STATE / LOCAL

| | | |
|----|---|---|
| 1 | Name of Branch. | <input style="width: 95%;" type="text"/> |
| 2 | Periodicity. | <input type="button" value="Monthly"/> <input type="button" value="Quarterly"/> <input type="button" value="Annual"/> |
| 3 | How many Journals were published From 1 st November to 31 st October (Out 12 issues) | <input style="width: 95%;" type="text" value="Please enclose all the issues"/> |
| 4 | How many articles have appeared in each issue of journal. Give details (a) editorial (b) Scientific (c) Association News issue wise in a separate paper | <input style="width: 95%;" type="text"/> |
| 5 | How many pages were printed in each issue (a) article (b) Association news (c)Others.Giv details issue wise in a separate paper | <input style="width: 95%;" type="text"/> |
| 6 | How many copies you print (per issue) (Photo copy of printers bill to be enclosed issue wise) | <input style="width: 95%;" type="text"/> |
| 7 | Give details of circulation | <input style="width: 95%;" type="text"/> |
| 8 | Date of posting of each issue | <input type="button" value="Your Branch"/> <input type="button" value="Your State"/> <input type="button" value="Country"/> |
| 9 | Do you have in your possession copies of previous issues from the date of publication. Give list of copies of old issues you have. | <input style="width: 95%;" type="text" value="Please give in a separate paper."/> |
| 10 | Are you sending copies to H/O as and when published. | <input style="width: 95%;" type="text"/> |

Encl. : copies of journal from 1st November to 31 st October.

(Sd.) EDITOR

MARKS FOR JOURNAL AWARD

| REGULAR PUBLICATION | MARKS ALLOTTED | IRREGULAR PUBLICATION | MARKS ALLOTTED | MARKS OBTAINED |
|--|----------------|-----------------------|----------------|----------------|
| Regular Montly | 25 | Irregular Monthly | 15 | |
| Regular Quarterly | 15 | Irregular Quarterly | 10 | |
| Regular Yearly | 15 | IrregularYearly | 5 | |
| ARTICLES | | | | |
| Scientific | 10 | | | |
| Association news | 5 | | | |
| Editorial | 5 | | | |
| QUALITY OF PRINTING | | | | |
| Spelling mistakes | 10 | | | |
| No.of Pages | 10 | | | |
| Presentation (like cover color, Size ect, &over all get up)! | 10 | | | |
| CIRCULATION | | | | |
| Only Local Branch | 10 | | | |
| Local and State Branch | 15 | | | |
| All IDA Branches including H/O | 20 | | | |
| TOTAL | 150 | | | |

INDIAN DENTAL ASSOCIATION

JOURNAL AWARD

STATE / LOCAL

| | | |
|----|---|---|
| 1 | Name of Branch. | <input style="width: 95%;" type="text"/> |
| 2 | Periodicity. | <input type="button" value="Monthly"/> <input type="button" value="Quarterly"/> <input type="button" value="Annual"/> |
| 3 | How many Journals were published From 1 st November to 31 st October (Out 12 issues) | <input style="width: 95%;" type="text" value="Please enclose all the issues"/> |
| 4 | How many articles have appeared in each issue of journal. Give details (a) editorial (b) Scientific (c) Association News issue wise in a separate paper | <input style="width: 95%;" type="text"/> |
| 5 | How many pages were printed in each issue (a) article (b) Association news (c)Others.Giv details issue wise in a separate paper | <input style="width: 95%;" type="text"/> |
| 6 | How many copies you print (per issue) (Photo copy of printers bill to be enclosed issue wise) | <input style="width: 95%;" type="text"/> |
| 7 | Give details of circulation | <input style="width: 95%;" type="text"/> |
| 8 | Date of posting of each issue | <input type="button" value="Your Branch"/> <input type="button" value="Your State"/> <input type="button" value="Country"/> |
| 9 | Do you have in your possession copies of previous issues from the date of publication. Give list of copies of old issues you have. | <input style="width: 95%;" type="text" value="Please give in a separate paper."/> |
| 10 | Are you sending copies to H/O as and when published. | <input style="width: 95%;" type="text"/> |

Encl. : copies of journal from 1st November to 31 st October.

(Sd.) EDITOR

MARKS FOR JOURNAL AWARD

| REGULAR PUBLICATION | MARKS ALLOTTED | IRREGULAR PUBLICATION | MARKS ALLOTTED | MARKS OBTAINED |
|--|----------------|-----------------------|----------------|----------------|
| Regular Montly | 25 | Irregular Monthly | 15 | |
| Regular Quarterly | 15 | Irregular Quarterly | 10 | |
| Regular Yearly | 15 | IrregularYearly | 5 | |
| ARTICLES | | | | |
| Scientific | 10 | | | |
| Association news | 5 | | | |
| Editorial | 5 | | | |
| QUALITY OF PRINTING | | | | |
| Spelling mistakes | 10 | | | |
| No.of Pages | 10 | | | |
| Presentation (like cover color, Size ect, &over all get up)! | 10 | | | |
| CIRCULATION | | | | |
| Only Local Branch | 10 | | | |
| Local and State Branch | 15 | | | |
| All IDA Branches including H/O | 20 | | | |
| TOTAL | 150 | | | |

DR. RATAN H. DOCTOR MEMORIAL AWARD

| ITEM | I PLEASE ANSWER | II DOCUMENTARY PROOF ADDITIONAL SHEET NO. | III MARK GIVEN BY AWARDS COMMITTEE | IV MAXIMUM MARKS |
|---|---|---|--|---|
| A Name | <input style="width: 100%;" type="text"/> | | | |
| B Date of birth . Proof should be sent. | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | <input style="width: 30px;" type="text"/> | Age <input style="width: 30px;" type="text"/> |
| C Were you student member of IDA if so, membership number branch, year in which you were a member. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 10 |
| D Your Annual / life membership number , branch How long are you Annual / life member . | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 10 |
| E Elaborate activities in IDA as a Student Member with evidence. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 15 |
| F Elaborate activities in IDA as Annual / life member with evidenc. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 15 |
| G Other acitivities conducted in social and scientific organisations with evidence. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 10 |
| H Publication to your credit in IDA journals or other publications . | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 10 |
| I Your participation in various Conferences in IDA give evidence year wise | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 10 |
| J Your activities in any other professional organization with evidence. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 10 |
| K Any outstanding contribution of yours to be considered for this award. | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 10 |
| Total | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | 100 |

1. The last date of receipt of filled in application at Head office through the Local / State Branch President / Secretary is **1st December**.
2. This application should be sent with recommendation of the concerned branch.
3. Whenever necessary separate sheet shuld be attached to give details for every item & evidences should be enclosed.

SIGNATURE OF PRE/SEC. OF FORWARDING BRANCH
WITH COMMENTS IN A SEPARATE SHEET

SIGNATURE OF CANDIDATE

PLEASE READ THE INSTRUCTION CAREFULLY BEFORE FILLING THE FORMS . (LAST DATE : 1ST DECEMBER)

| |
|---|
| Dr. B. R. Chopra Award - Best State Branch Secretary |
| Dr. I. R. Goela Award - Best Local Branch Secretary |

Name of the Secretary :

Branch :

Address :

What is the tenure of the post from which year to which year :

How many terms you have held the post of Secretary :

Various posts held by you in state or local Branch with the past five Years :

| S.No. | ITEM | I PLEASE ANSWER | II DOCUMENTARY PROOF ADDITIONAL SHEET NO. | III MARK GIVEN BY AWARDS COMMITTEE | IV MAXIMUM MARKS |
|-------|---|--|--|--|---------------------|
| 1 | Do you have a copy of Constitution. | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 10 |
| 2 | Total number of defaulter Annual Members in your Branch in this year. What steps you have taken , to make defaulters pay the subscription | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 30 |
| 3 | Have you organised President / Secretary Seminar in your area at any time ? Have you attended when it was conducted by your state / H.O. | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 15 |
| 4 | How many state and National Conferences you have attended so far ? Give details | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 15 |
| 5 | New projects you have undertaken in this year? | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 15 |
| 6 | Hav eyou forwarded your branch activities news to Journal ? If forwarded in which journal /news letter it is published. Give Evidence | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 15 |
| | | | | Total | 100 |

MARKS FPR THE FOLLONG COLUMNS WILL BE GIVEN BY H.S.G ONLY

| | | | | | |
|---|---|--|--|--|-------------------------------|
| A | Have you sent state office and Head office share within specified time ? Give details | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 20 |
| B | Have you sent a list of members and office bearers of your branch with their addresses to state office and Head Office and on time .Please give date of posting this information. | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 20 |
| C | Are you in the habit of verifying membership roster sent by IDA HO If so ,send copies of your letters addressed to IDA head Office and HSG's replies. IF Any | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 20 |
| D | Are you in the habit of sending activities of the Branch to state/Head Office, If so inform whether you had sent monthly / quarterly / annual (give details and copies) | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 120 Ten marks to each report. |
| E | Have you intimated your Branch programmes / invitation to state /Head Office regulary then and there, all through full year give details. | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> | 20 |
| | | | | Total | 100 |

| S.No. | ITEM | Marks Given | Maximum Marks |
|--------------|---|----------------------|---------------|
| 1 | Marks obtained for column 1-8 (Annual Awards) | <input type="text"/> | 1000 |
| 2 | Marks obtained for column 1-6 | <input type="text"/> | 100 |
| 3 | Marks obtained for column A-E | <input type="text"/> | 200 |
| Total | | | 1300 |

A. All columns to be filled neatly and legibly

B. Please write N.A. (not applicable) Wherever required.

C. Please add separate sheets for giving information if space provided is inadequate.

D. While giving extra information on separate paper, please mention it in the form and give reference number in extra paper. In additional paper please mention the item number of application form under which additional information is provided.

E. The application form must be endorsed by the President of the respective branch.

F. The Receipt of the Award should be present personally to receive the award. In case of difficulty he/ she should inform in writing to H.O. And nominate a person to receive the Award on his /her behalf who can be either spouse/child or a member.

G. You should have participated in annual competitions and sent the filled in Proforma along with form. If you have not participated in annual competition held this year your application will be rejected.

Dr. Ashok Dhoble

| ITEM | I PLEASE ANSWER | II DOCUMENTARY PROOF ADDITIONAL SHEET NO. | III MARK GIVEN BY AWARDS COMMITTEE | IV MAXIMUM MARKS |
|---|------------------------------|---|--|-------------------------------|
| 1. MAINTENANCE OF OFFICE | TOTAL MARKS | | | 150 |
| a. Minutes Book Maintained <input type="checkbox"/> Not <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| b. Property Register Maintained <input type="checkbox"/> Not <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| c. Account Book Maintained <input type="checkbox"/> Not <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| d. Membership Register Maintained <input type="checkbox"/> Not <input type="checkbox"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| e. No. of EC Meeting held in this year | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| f. Date of AGM for the current year | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| g. Total Membership on 1st Nov <input type="text"/> Total Membership on 31st of oct <input type="text"/> Increase /Decrease in Membership this year | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| h. Elections for the State / Head office held for this year or not. | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| i. Date on which the election result were posted to State office / Head office. | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 2. SCIENTIFIC ACTIVITIES | TOTAL MARKS | | | 120 |
| a. No. of Scientific Lectures held | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| b. No. of panel discussions held | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| c. No. of table demonstrations / Clinical demonstrations held | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| d. No. of refreshers courses / hands on courses held | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| e. No. of scientific Programmes arranged by your local branch / with the help of State branch / Head office | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| f. Do you have library ? No. Of books. | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| g. Do you have scientific video cassettes library No. Of cassettes | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| h. Do you subscribe for any international Journal's. | <input type="text"/> | <input type="text"/> | <input type="text"/> | 15 |
| i. Make obtained for 4(e). | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| j. make obtained for 4(a). | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| 3. CULTURAL PROGRAMMES | TOTAL MARKS | | | 100 |
| a. Picnic arranged and how many | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| b. Annual get -together arranged or not | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| c. Cultural Programmes held | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| d. Celebrations of any of particular day like Holi ,26 th January, ect. | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |
| e. Sport Activities if conducted | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 |

| ITEM | I PLEASE ANSWER | II DOCUMENTARY PROOF ADDITIONAL SHEET NO. | III MARK GIVEN BY AWARDS COMMITTEE | IV MAXIMUM MARKS | | |
|---|-----------------------|--|---|------------------------|-------|-------|
| 4. PUBLICATIONS | TOTAL MARKS | | | 100 | | |
| a. Do you Publish any journal or bulletin monthly / Quartely / yearly.Circulation , Local / State / National | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 | | |
| b. No. of copies publised this year | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 | | |
| c. No. of pages covering Association activities | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 | | |
| d. No. of pages covering Scientific subjects | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 | | |
| e. Other Publications | <input type="text"/> | <input type="text"/> | <input type="text"/> | 20 | | |
| 5. ORAL HEALTH PROGRAMME | TOTAL MARKS | | | 150 | | |
| | | | Urban | Rural | Urban | Rural |
| a. No. of School in your area and no. Of schools in which Dental check up held. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| b. No. of school children participated in poster , model competition | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| c. No. of school children participated in essay comprtition, health teeth contest. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| d. No. of school children you have checked. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| e. No. of school children treated. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| f. No. of check up camps for general public held. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| g. No. of treatment camps for general pubilc held. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| h. Dental health Exhibition held. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| i . No. of radio talks / T.V. Talks given. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| j. No. of news paper write up / magazine write up | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| k. No. Of patients treated by your branch in a clinic run by your branch | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| l. No. Of teache training Programmes held. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| m. No. of person who participated in poster,model, essay contest | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| n. Oral Health day / Month celebration. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| o. No. Of Oral Health talks held to non dental groups like teachers, social workers ect. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 5 | 5 |
| p. Grace marks if any (Ref. Grading) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 10 | 5 |

| ITEM | I PLEASE ANSWER | II DOCUMENTARY PROOF ADDITIONAL SHEET NO. | III MARK GIVEN BY AWARDS COMMITTEE | IV MAXIMUM MARKS |
|--|-----------------------|--|---|------------------------|
| 6. DENTAL STUDENTS ACTIVITIES | TOTAL MARKS | | | 100 |
| a. Welcome to new students/send off to final year student held or not | | | | 20 |
| b. Student exchange Programmes, held if any ? | | | | 10 |
| c. No. Of scientific meeting held for student. | | | | 10 |
| d. No.of publications sent ti student members. | | | | 10 |
| e. Essay, Model,Poster, Education competitions held for student | | | | 10 |
| f. Sporst for dental student held. | | | | 10 |
| g. No.of student members in your branch. | | | | 10 |
| h. No.of student members -attending State / National conferences from your branch. | | | | 10 |
| i. Any other activities held for students. | | | | 10 |
| 7. DENTAL STUDENTS MEMBERSHIP | TOTAL MARKS | | | 100 |
| a. No.of dental colleges in your branch area. | | | | - |
| b. No.of dental Studentin each college. | | | | - |
| c. No.of IDA student members Ratio to total No. | | | | 50 |
| d. Increase or decrease of student mambership in this year. | | | | 50 |
| 8. OTHER ACTIVITIES | TOTAL MARKS | | | 100 |
| a. Will be hosting State/National Conference this year | | | | 30 |
| b. Total no.of Office Bearers from your branch in State E.C. | | | | 10 |
| c. Total no.of Office Bearers from your branch in Head Office / Central councill. | | | | 10 |
| d. General impression of awards committee about activities of the branch. | | | | 50 |
| 8. OTHER ACTIVITIES | TOTAL MARKS | | | 10 |
| 9. GENERAL IMPRESSION OF IDA PRESIDENT. | | | | 40 |
| 10. GENERAL IMPRESSION OF IDA HSG. | | | | 40 |

For points pertaining to column No.II written matter and photographs to the same point should be put together in the same additional sheet.

Number given to additional sheet containing documetary proof and photographs for column No.II should be the same as in the application form e.g. Sheet containing for documentary proof like Xerox copy of minutes book should be numbered as 1a, number of scientific lectures as point 2a,ect.

Note : 1). This application has only one form . While assessing to encourage smaller branches, branches , with less than 50 members will be given ten marks as grace and branches having membership between 51 to 150 will be given five marks as grace. The grace marks will be considered only in case of "Oral Health Activity Programmes " where more of a branch is directly proportional to more members.

2). Points No.6 & 7 in the application will not be considered for those branches who do not have Dental colleges in their operation area. Those brances will given marks for 800.While considering for " All Round Acitivites Award", marks given to thefor 800should be proportionately calculated for 1000,marks.