

# INDIAN DENTAL ASSOCIATION

## Award Guidelines



Indian Dental Association

---

#### Registered Head Office

Bombay Mutual Terrace, 2nd Floor, 534,  
Sandhurst Bridge, Opera House,  
Mumbai 400007. (India)  
Tel.: (022) 23696655 / 23671515 / 43434545,  
Email: ho@ida.org.in, Web.: www.ida.org.in

# Content

1. Introduction
2. Bidding For Awards
3. Reporting Instructions
4. Reporting Documental Evidences
5. Reporting Format
6. General Tips
7. List Of National Awards For State Branch
8. List Of National Awards For Local Branch
9. Other Awards
10. Application Form For All Round Activity, State Branch
11. Application Form For Best State Branch President
12. Application Form For Best State Branch Secretary
13. Application Form For Best State Branch Journal
14. Application Form For Student Activity / Membership Award, State Branch
15. Application Form For All Round Activity, Local Branch
16. Application Form For Best Local Branch President
17. Application Form For Best Local Branch Secretary
18. Application Form For Student Activity / Membership Award, Local Branch
19. Application Form For Best Local Branch Journal
20. Application Form To Apply For Dr. Ratan H. Doctor Memorial Award

---

Performance in any field of activity, no doubt, merits recognition and more so in a professional organization such as IDA. It only acts as a fillip to greater levels of achievements. When people get recognition for their meaningful contributions, they are truly engaged, understand their roles and share the organizational ethos and values. The awards are designed to help bring out the best in people in diverse ways so that they work to their fullest potential. The positive impact of this connection on both the visibility of IDA and its goals is irrefutable. Such recognitions will make each such member feel special and important and motivate and inspire them to strive for greater success. That the award of such rewards helps improve morale, increase productivity, ensure job satisfaction and encourages behavioural changes is universally accepted.

With a view to keeping up with IDA's goals and to encourage members to perform IDA has formed and adopted award guidelines in the year 1998, prepared by the Committee with Dr. Avinash Shaligram as the convenor. Consistent with the changing times, further amendments to the 'Awards Guidelines' were proposed by the Awards Committees, under the Convenorship of Dr. Eapen Thomas and Dr. Alias Thomas, which were approved by the Central Council in the year 2011

The amended Award Guidelines were to be followed in conjunction with the constitution and it is imperative that members, office bearers, Central Council, State, Local and Defence branches shall adhere to these Guidelines / Rules & Regulations in upholding the spirit of the constitution for the smooth and better functioning of the Indian Dental Association.

---

## **INSTRUCTIONS FOR FINAL BIDDING FOR AWARDS**

1. Please read the instructions carefully before filling the awards guidelines.
2. The awards guidelines in the prescribed format should be duly filled (typed in), and forwarded by the State / Local branch Hon. Secretary with the branch Seal.
3. The application should be endorsed by the branch President & sent with a covering letter specifying the awards for which the branch is bidding for.
4. The duly filled guidelines form with covering letter should reach the HO on or before 2nd of January. Applications received thereafter won't be considered.
5. The applicant must receive & if required produce an acknowledgement of receipt of awards application form from the Head office.
6. The applicant should have participated in the concerned Annual IDA State awards.
7. Applicant bidding for individual award should be a RC Member in the National Conference.
8. Only activities from 1st Jan. to 31st Dec. of Current Year will be considered for National Award.
9. Only those branch activities included in the regular bi-monthly reporting will be considered for awards.
10. Branches without regular online bimonthly reporting will not be considered for awards.
11. Strike out or write NA wherever required.
12. Documentary evidence which is produced in any language other than English, should be Translated in English.
13. Mention the photo/Image number and the folder in the 2nd column of application form.
14. Branches declared winners & runner-up for all-round activity will not be considered for individual awards.
15. Any application not meeting the guidelines will be rejected. The Awards committee has the right to accept or reject any application for Annual awards.

### INSTRUCTIONS FOR REPORTING ACTIVITIES

- Branch activity report in electronic format must reach the Head office & Awards committee Chairman Bimonthly before March 2nd, May 2nd, July 2nd, September 2nd, November 2nd and January 2nd every year.
- Activity report in the specified format with the substantiating documents in CD must be send to the Awards committee chairman within above mentioned dates. Hard copies need not be sent except for Publications, CDE Brochure & Certificates.
- Photographs need not be placed amidst the activity report text.
- Place Photograph/digital images or scanned documents or certificates with subtitles or image file names as proof in a separate folder in the same CD. If there is more than 1 image for the same programme name it with subtitles. (eg name 1st CDE programme images as CDE1a, CDE1b, CDE1c...etc etc 2nd CDE images as CDE2a,CDE2b, CDE2c....etc etc & place them in a Folder name CDE)
- Specify the name of photos/scanned image as reference in the concerned table in the report.
- Copy of this report in the electronic format must be sent by E-mail to Hon. Secretary General.
- Assessment of branch activities will be done bi-annually, Term 1 and Term 2, ie End of June & January.
- Activities, Publications or documents of Assessment Term 1 won't be considered for Term 2.
- Only activities included in bi-monthly report will be considered for awards.
- The proposed awards guidelines will be strictly adhered to.
- Concerned Branch President/Secretary or any authorised person may be must be present while assessment for awards.
- Additional documents or evidences other than what is presented at the time of reporting won't be considered for awards\*.(Subject to discretion of the Awards committee).
- Wherever applicable the certificates from concerned IDA authorities only will be considered.

## DOCUMENTAL EVIDENCES REQUIRED FOR REPORTING

### CDE Programme

- Brochure & Certificate in Original to be sent by courier (1set)
- Photographs with IDA banner, audience
- Copy of Letter to members
- Copy of participation Attendance

### CDH Activity

- (Send Scanned image) of Certificate from the associated organisation stating that IDA.....branch has conducted a Dental check up/ Treatment/Awareness class/Teachers training Programme/Parent Awareness programme/ Cancer awareness Programme/ etc etc.. in association with .....(name of the organisation)..... at ..... (venue) ..... on ....(date)..... Total of .....patient were examined/treated.
- Photographs with banner, (as digital image)

### Cultural / Sports activities

- Copy of Intimation letter/circular to members.
- Photographs with IDA banner.

### Release of Journal/Bulletin

- Photograph (as digital image).
- Copy of Journal/Bulletin with Bill in Original to be sent by courier (1set)

### Executive Meeting

- Copy of Meeting Notice
- Copy of meeting minutes

### Special Day Celebration

- Copy of Intimation letter/circular to members
- Photographs

### Radio / TV Talks

- Certificate from the concerned media.
- Telecasted programme in CD format

### Branch Projects

- Project Report.
- Copy of Intimation letter/circular to members
- Photographs.
- Certificate from the associated organisation, if any.

### Any Other Branch Activities

### Similar evidences required.

**BI-MONTHLY ACTIVITY REPORTING FORMAT**

(Please type in the columns & mention the Image/File No. As proof)

**CDE PROGRAMME**

Particulars	Answer	Proof Image No.	Folder No.
Topic			
Date			
Name of Faculty			
Venue			
Start Time			
End Time			
Certificates given or not			
Hands on Programme (Y/N)			
Live Demonstration (Y/N)			
Attendance			

**EXECUTIVE MEETING / CULTURAL / SPORTS / FAMILY MEETINGS**

Particulars	Answer	Proof Image No.	Folder No.
Date			
Notice Given (Y/N)			
Venue			
Start Time			
End Time			
Attendance			

**CDH ACTIVITY**

(Adoption, Checkup/Treatment, Teachers Training, Awareness programme, etc... Use separate tables for entering different programmes)

Particulars	Answer	Proof Image No.	Folder No.
Date & Time			
Notice Given (Y/N)			
Venue			
Oral Care Kits Distributed			
Certificate from Associated organization, if any.			
No. of beneficiaries/patients			

## GENERAL TIPS FOR BIDDING AWARDS

- The judging is based on the merits of activities and not on the artistic presentation.
- Read the awards manual thoroughly. Be familiar with the award categories, last date, judging criteria and judging procedures.
- Evaluate the activities of the branch and decide to which award categories your branch activities would fit based on the judging criteria.
- Ensure that you have adequate supporting documents such as meeting minutes, photographs, press releases, press cuttings, promotions, circulars, publications, appreciation letters etc.,
- There should be no discrepancies or differences between the information included in the bi-monthly reporting & those included in the final bid application.
- Good layout and visuals makes the entries easier to follow.
- The decisions of the judging panel shall be final and binding after ratification from CC.
- For any clarifications please contact IDA head office.

**Sd /**  
Dr. Ashok Dhoble  
Hon.Secretary General  
IDA Head Office



**LISTS OF NATIONAL AWARDS**

FOR STATE BRANCH

Sr. No	Name of Award	Activity
1.	Dr. Jangoo Kapadia Trophy	All Round Activity - State Branch
2.	IDA Runners Up Trophy	All Round Activity - State Branch
3.	Special Appreciation Award	Best State Branch President
4.	IDA Runners Up Trophy	Best State Branch President
5.	Dr. B R Chopra Award	Best State Branch Secretary
6.	IDA Runners Up Trophy	Best State Branch Secretary
7.	Dr. Bellie's Award	Best State Branch Journal
8.	IDA Runners Up Trophy	Best State Branch Journal
9.	Appreciation Award	Best State CDE Chairman
10.	Appreciation Award	Best State CDH Chairman
11.	Appreciation Award	Best State Branch Website
12.	Appreciation Award	Maximum Membership growth
13.	Appreciation Award	Best State Student Activity

## LIST OF NATIONAL AWARDS FOR LOCAL BRANCH

FOR LOCAL BRANCH

Sr. No	Name of Award	Activity
1.	IDA Thane Branch Award	All Round Activity Local Branch
2.	Dr. V M Veerabahu Runners Up Trophy	All Round Activity Local Branch
3.	Dr. U S Krishna Nayak Trophy	Best Local Branch President
4.	IDA Runners Up Trophy	Best Local Branch President
5.	Dr. I R Goela Award	Best Local Branch Secretary
6.	IDA Runners Up Trophy	Best Local Branch Secretary
7.	Dr Keki Mistry Trophy	Scientific Activity
8.	Dr. C S Raman Runners Up trophy	Scientific Activity
9.	Dr. G B Shankwalkar Memorial Award	Best CDH Activity
10.	IDA Runners Up Trophy	Best CDH Activity
11.	Dr. Vasania Trophy	Rural Activity
12.	Dr. S T Rai Runners Up Trophy	Rural Activity
13.	Dr. J M J Rao Trophy	Student Membership
14.	Dr. Ramakanth Venson Award	Student Activity
15.	Dr. Achyut Deodhar Trophy	School Dental Health
16.	Dr. B Subash Chandra Shetty Award	Best Local Branch Journal
17.	IDA Runners Up Trophy	Best Local Branch Journal
18.	Dr. Ratan H Doctor Award 1 <sup>st</sup> Prize	Best Member Below 30 yrs of age
19.	Dr. Ratan H Doctor Award 2 <sup>nd</sup> Prize	Best Member Below 30 yrs of age
20.	Dr. Ratan H Doctor Award 3 <sup>rd</sup> Prize	Best Member Below 30 yrs of age

## Award Presented at Open Session

Sr.No	Award Name	Purpose
1	Dr. Mascarenhas Trophy	Best Paper In Oral Surgery
2	Dr. Barucha Shield	Best Paper In Prosthetic
3	Dr. C.S.Shaw & Mrs. Manjula Shaw Award	Best Paper In Operative Dentistry
4	Coastal Andhra Branch Award	Best Paper Presented In Periodontia
5	Anglo Asian Odontological Group (UK)	Best Table Clinic Award (Dental Surgeon 1st Prize)
6	Anglo Asian Odontological Group (UK)	Best Table Clinic Award (Dental Surgeon 2nd Prize)
7	Anglo Asian Odontological Group (UK)	Best Table Clinic Award (Dental Surgeon 3rd Prize)
8	Dr. R.K.Bali Award	Best Indian Stall In Trade Faire
9	Brig. J.K.Gupta Award	Best Paper Presented among Any Personal In Annual IDA Conference

## Award Presented at Student Conference

Sr. No.	Award Name	Purpose
1	Best Lady champion	Student Sports
2	Cut Fast Trophy	Over All Championship Students Sports
3	Anglo Asian Odontological Group (UK)	Best Table Clinic Award (Dental Surgeon 1 <sup>st</sup> Prize)
4	Anglo Asian Odontological Group (UK)	Best Table Clinic Award (Dental Surgeon 2 <sup>nd</sup> Prize)
5	Anglo Asian Odontological Group (UK)	Best Table Clinic Award (Dental Surgeon 3 <sup>rd</sup> Prize)

**APPLICATION FORM FOR ALL ROUND ACTIVITY, STATE BRANCH**

SR. NO.	ITEM	Please Answer	Proof No. Folder/Image	Marks By Committe	Max Marks
1.	<b>MAINTENANCE OF OFFICE</b>				100
	a. Minutes Book in order?				40
	b. Attendance registers of meetings?				10
	c. Membership List & New members Register				30
	d. Audited Statement of accounts till March 31st				20
2.	<b>MEMBERSHIP</b>				100
	a. No. of New members in this IDA Year				30
	b. Percentage of Annual Membership renewal				30
	c. Net Increase in membership this year				40
3.	<b>MEETINGS</b>				50
	a. No of EC meetings held (max 5)				30
	b. Have you conducted AGM				20
4.	<b>CDE ACTIVITES</b> (Head office/State office must be intimated in advace, participants must be given certificates)				350
	a. No of Half day programmes held (Min 3hrs)				40
	b. No of Full day programmes held (Min 5hrs)				80
	c. No of 2day programmes held (Min 9hrs)				100
	d. No of Hands on Programme				50
	e. No of Live demonstrations				50
	f. Average attendance in CDE programme				30
5.	<b>CDH ACTIVITES</b> (Refer Instruction for the necessary compulsory Documental evidence)				400
	a. No of Awareness programmes				30
	b. No of Check up/Treatment Camps conducted				50
	c. No of Patients examined/ treated				50
	d. No of School dental health programme (NOHP)				50
	e. No of Oral Health Care Kits distributed by NOHP				40
	f. No of Competitions held for children				20

	g.	No of Adoptions of Institutes				60
	h.	No of Parent/Teachers Orientation programmes				20
	i.	No of teachers training programmes held				20
	j.	Do you have an Active Free Dental Clinic				60
6.		<b>PUBLICATIONS</b>				200
	a.	No of Issues of Journal Published this IDA year?				80
	b.	No of Bulletin published this IDA year ?				40
	c.	Quality of the publication				80
7		<b>BRANCH ACHIEVEMENTS</b> (Only letter issued from concerned State /HO is valid				300
	a.	No of IDA National Events hosted				80
	b.	Participation in IDA HO projects of this term?				70
	c.	Branch RC member Registrations in upcoming IDA National Conference				50
	d.	Benefit Schemes for members				50
	e.	Any other achievements				50
8.		<b>OTHER BRANCH ACTIVITIES</b>				150
	a.	No of State level Sports activities conducted				40
	b.	No of State level Cultural activities conducted				40
	c.	No of Special Day Celebration				70
9.		<b>“PROMOTING IDA TO THE PUBLIC”</b>				250
	d.	No of dental health exhibition				80
	e.	No of Radio/TV talk				50
	f.	No of dental awareness write ups in public News Paper/ Magazie?				50
	g.	Benefit Schemes for the public				70
10.		<b>GENERAL IMPRESSION</b> For Presentation, Substantiating & Systematic Reporting				100
	1.	National President				25
	2.	Hon.Secretary General				25
	3.	Awards Committee				50

## APPRECIATION FORM FOR BEST STATE BRANCH PRESIDENT

Name of the Branch President			
IDA State Branch & Address			
Branch membership strength as on December Last year	Life M=	Annual M =	Total=
Branch membership strength as on December this year	Life M=	Annual M=	Total=
<b>Increase in membership</b>	Life M=	Annual M=	Total=

(Use Additional Sheet wherever necessary)

Certificate from concerned IDA State / National authority is only valid.

SR. No.	Item	Please Answer	Proof No.	Marks by Committee
1	How many New membership have joined in your Branch during this term?			50
2	Percentage of annual membership renewal in your term?			50
3	No of executive committee meetings presided by you during your term?			30
4	No of Cultural/Sports meet held in your term?			30
5	No of CDE Programmes held in your term?			30
6	No of CDH Activities held during your term?			30
7	No of Issues of Journal and Branch Bulletin published during your term?			30
8	Have you registered as an RC Member for the latest <b>IDA State Conference?</b>			30
9	No of RC Registrations from your State for <b>IDA State Conference</b> during your term?			30
10	Have you registered as an RC Member for the upcoming <b>IDA National Conference?</b>			40
11	No. of RC Registrations from your State for upcoming <b>IDA National Conference?</b>			30
12	How many <b>State Conferences</b> you have attended so far?			30

### APPLICATION FORM FOR BEST STATE BRANCH SECRETARY

Name of the Branch Secretary			
IDA State Branch & Address			
Branch Membership Strength as on <b>December Last Year</b>	<b>Life M =</b>	<b>Annual M =</b>	<b>Total =</b>
Branch Membership Strength as on <b>December this year</b>	<b>Life M =</b>	<b>Annual M =</b>	<b>Total =</b>
<b>Increase in membership</b>	<b>Life M =</b>	<b>Annual M =</b>	<b>Total =</b>

(Use Additional Sheet wherever necessary)

\*Certificate from concerned IDA State / National authority is only valid.

Sr. No.	Item	Please Answer	Proof No.	Marks by Committee
1	How many New members have joined in your Branch during this term?*			50
2	Percentage of annual membership <b>renewal</b> in your term?*			50
3	No of executive committee meetings presided by you during your term?			30
4	No. of Cultural/Sports meet held in your term?			30
5	No. of CDE Programmes held in you term?			30
6	No. of CDH Activities held during your term?			30
7	No. of Issues of Journals and Branch Bulletin published during your term?			30
8	Have you registered as an RC Member for the latest <b>IDA State Conference?*</b>			30
9	No. of RC Registrations from your State of <b>IDA State Conference</b> during your term?			30
10	Have you registered as an RC Member for the upcoming <b>IDA National Conference?*</b>			40
11	No of RC Registrations from your State for upcoming <b>IDA National Conference?*</b>			30
12	How many <b>State Conferences</b> you have attended so far?			30



13	How many <b>National Conferences</b> you have attended so far?			30
14	Any scientific papers presentation/publication during your term?			30
15	Any major achievement or recognition during this IDA year?			20
16	Did you attend the National President & Secretary Seminar this term?			30
17	No. of <b>National IDA events</b> hosted during this term?			40
18	Did you attend the latest <b>AGM of IDA State office?</b>			30
19	Did you attend the latest <b>AGM of IDA head office?</b>			30
20	Have you ensured that the Head office share was sent within specified time?			40
21	Have you ensured that State programmes were intimated to <b>HO</b> regularly then and there?			40
22	Have you ensured that the activity reports of the State were sent timely to <b>HO</b> regularly?			40
23	Have you ensured that the list of members and office bearers of your State branch were sent to <b>HO</b> before Jan 15th?			40
24	How many CC meetings have you attend as the State Secretary in this IDA year?			30
25	New Projects under taken during your term?			60
26	Measures taken to highlight IDA to the public?			60
	<b>General Impression</b> (for presentation & reporting) 1. National President 2. Hon Secretary General 3. Award Committee			25 25 50
	<b>Total Marks</b>			<b>1000</b>
	25% of marks obtained for the overall branch activity			<b>500</b>



### APPLICATION FORM FOR BEST STATE BRANCH JOURNAL

SR. No.	ITEM	Please Answer
1	Name of the State Branch	
2	Name of the Journal	
3	Periodicity: Monthly/Quarterly/Half Yearly/Yearly	
4	How many copies you print (per issue) (photo copy of printers bill to be enclosed issue wise)	
5	Are you sending copies to HO as and when published Encl: copies of journal from 1st November to 31st	
		s/d Journal Editor

Sr. No.		Description	Please Answer	Marks Awarded	Maximum Marks
A	1	Regularity of Publication			60
	a	Regular Monthly			
	b	Regular Quarterly			
	c	Regular Half Yearly			
	d	Regular Yearly			
B	2	No. of Articles in Total			40
	a	Scientific			
	b	Association news			
	c	Editorial			
	d	General Articles			
C	3	Quality:			60
	a	Presentation (Cover, Colour, Size overall look)			
	b	No. of Pages in total			
	c	Quality of Paper & Printing			
D	4	Circulation			40
	a	Only State branch members			
	b	CC members			
	c	Branches outside state			
<b>Grand Total</b>					<b>200</b>

**APPLICATION FORM FOR THE  
BEST STUDENT ACTIVITY/MEMBERSHIP AWARD, STATE BRANCH**

Name of the IDA State Branch			
No. of Dental Colleges in the State?			
Total No. of Students?			
No. of IDA Student Members from total student No.?	<b>No.</b>	<b>Percentage=</b>	
Student membership strength as on <b>December Last year</b>	<b>Renewal M=</b>	<b>New M=</b>	<b>Total=</b>
Student membership strength as on <b>December this year</b>	<b>Renewal M=</b>	<b>New M=</b>	<b>Total=</b>
<b>Increase in Membership</b>	<b>Renewal M=</b>	<b>New M=</b>	<b>Total=</b>

(Use Additional Sheet wherever necessary)

(Certificates from concerned State authorities only VALID)

Sr. No.	Item	Please Answer	Proof No.	Marks by Committee
1	How many new Student members have joined In your Branch during this term?			30
2	Percentage of branch student membership renewal?			30
3	No. of Scientific programmes for Student members>			30
4	No. of Culture programmes for /student members?			30
5	No. of Sports activities for Student members?			30
6	How many IDA Orientation Classes taken?			30
7	Privileges given to IDA Student members?			30
8	No. of IDA Student members registered for Student Dental Conference?			30
9	No. of IDA Student members registered for IDA State/ National conference?			30
10	Measures taken to Promote IDA in Dental College?			30
	<b>Total</b>			<b>300</b>

## APPLICATION FORM FOR ALL ROUND ACTIVITY, LOCAL BRANCH

SR. No.	ITEM	Please Answer	Proof No. Folder/Image	Marks By Committee	Max. Marks
<b>1</b>	<b>MAINTENANCE OF OFFICE</b>				100
	a	Minutes Book in order?			40
	b	Attendance registers of meetings?			10
	c	Membership List & New members Register			30
	d	Audited Statement of accounts till last March 31st			20
<b>2</b>	<b>MEMBERSHIP</b>				100
	a	No. of New members in this IDA year			30
	b	Percentage of Annual Membership renewal			30
	c	Net Increase in membership this year			40
<b>3</b>	<b>MEETINGS</b>				50
	a	No. of EC meetings held (max 5)			15
	b	No. of Family meet held			15
	c	Have you conducted HO Office bearers election?			20
<b>4</b>	<b>CDE ACTIVITIES (Head Office / State Office must be intimated in advance. Participants must be given certificates)</b>				350
	a	No. of Short lectures held (Min 1 hrs)			20
	b	No. of Half day Programmes held (Min 3hrs)			40
	c	No. of Full day Programmes held (Min 5 hrs)			60
	d	No. of 2day Programmes held (Min 9 hrs)			60
	e	No. of Hands on Programme			60
	f	No. of Live Demonstrations			30
	g	No. of State / National CDE hosted			50
	h	Average attendance in CDE programme			30
<b>5</b>	<b>CDH ACTIVITITES (Refer Instructions for the necessary Documental evidence, compulsory)</b>				400
	a	No. of Awareness Programmes			30
	b	No. of Check up/Treatment Camps conducted			50
	c	No. of Patients examined/treated			50
	d	No. of School dental health programmes (NOHP)			50
	e	No. of Oral Health Care Kits distributed by NOHP			40
	f	No. of Competitions held for children			20

	g	No. of Adoptions of Institutes				60
	h	No. of Parent/Teachers orientation programmes				20
	i	No. of teachers training programmes held				20
	j	Do you have an Active Free Dental Clinic				
<b>6</b>	<b>PUBLICATIONS</b>					<b>140</b>
	a	No. of Issues of Journal Published this IDA year?				60
	b	No. of Issues Bulletin Published this IDA year?				30
	c	Quality of the publication				50
<b>7</b>	<b>IDA HO WEBSITE (Certificate from IDA HO) Do you update Membership Record and Activity reports</b>					<b>60</b>
<b>8</b>	<b>BRANCH ACHIEVEMENTS (Only letter issued from concerned State /Ho is valid)</b>					<b>400</b>
	a	No. of IDA State Events hosted				60
	b	No. of IDA National Events hosted				60
	c	Participation in IDA HO Projects of this term?				30
	d	Participation in IDA State Projects of this term?				30
	e	Branch RC member Registrations in immediate last IDA State Conference				50
	f	Branch RC member Registrations in upcoming IDA National Conference				50
	g	Benefit Schemes for members				50
	h	Any other achievements				70
<b>9</b>	<b>OTHER BRANCH ACTIVITIES</b>					<b>80</b>
	a	No. of branch level sports activities conducted				40
	b	No. of Special Day Celebrations				40
<b>10</b>	<b>"REACHING IDA TO THE MASSES"</b>					<b>220</b>
	a	No. of dental health exhibitions				50
	b	No. of Radio/T.V. talk				50
	c	No. of dental awareness write ups in public News paper / Magazie?				50
	d	Benefit Schemes for the public				70
<b>11</b>	<b>GENERAL IMPRESSION For Presentation, Substantiating &amp; Systematic Reporting</b>					<b>100</b>
	a	National President				25
	b	Hon. Secretary General				25
	c	Award Committee				50
<b>TOTAL MARKS</b>						<b>2000</b>

## APPLICATION FORM FOR BEST LOCAL BRANCH PRESIDENT

Name of the Branch President			
IDA Local Branch & Address			
Branch membership strength as on December Last year	Life M=	Annual M=	Total=
Branch membership strength as on December this year	Life M=	Annual M=	Total=
<b>Increase in membership</b>	Life M=	Annual M=	Total=

(Use Additional Sheet wherever necessary)

**Certificate from concerned IDA State/ National authority is only valid.**

Sr. No.	Item	Please Answer	Proof No.	Marks by Committee
1	How many New members have joined in your Branch during this term?			30
2	Percentage of annual membership renewal in your term?			30
3	No. of executive committee meetings presided by you during your term?			30
4	No. of family meetings held during your term?			30
5	No. of CDE Programmes held in your term?			30
6	No. of CDH Activities held during your term?			30
7	No. of Issues of Journals and Branch Bulletin published during your term?			30
8	Have you registered as an RC Member for the latest <b>IDA State Conference</b> ?			30
9	No. of RC Registrations from your branch for IDA State Conference during your term?			30
10	Have you registered as an RC Member for the upcoming <b>IDA National Conference</b> ?			30
11	No. of RC Registrations from your branch for upcoming <b>IDA National Conference</b> ?			30
12	How many <b>State Conferences</b> you have attended so far?			30
13	How many <b>National Conferences</b> you have attended so far?			30
14	Any scientific papers presentation/publication during your term?			30



15	Any major achievement or recognition during this IDA year?			20
16	Did you attend the IDA State President & Secretary Seminar this term?			30
17	No. of <b>State IDA events</b> hosted during this term?			30
18	No. of <b>National IDA events</b> hosted during this term?			30
19	Did you attend the latest <b>AGM of IDA State office?</b>			30
20	Did you attend the latest <b>AGM of IDA head office?</b>			20
21	Have you ensured that head office election was conducted and the result forwarded in time?			40
22	Have you ensured that the State and Head office share were sent within specified time?			40
23	Have you ensured that branch programmes were intimated to <b>State office &amp; HO</b> regularly then and there?			40
24	Have you ensured that the activity reports of the Branch were sent timely to <b>State office &amp; HO regularly?</b>			40
25	Have you ensured that the list of members and office bearers of your branch were sent to <b>State office &amp; HO before Jan 15th?</b>			40
26	New Projects under taken during your term?			60
27	Measures taken to highlight IDA to the public?			60
	<b>General Impression (for presentation &amp; reporting)</b>			25
	1. National President			25
	2. Hon. Secretary General			50
	3. Awards Committee			
	<b>Total Marks</b>			<b>1000</b>
	25% of marks obtained for the overall branch activity			<b>500</b>

**APPLICATION FORM  
FOR BEST LOCAL BRANCH SECRETARY**

Name of the Branch Secretary	
IDA State Branch & Address	
Branch Membership Strength as on <b>December Last Year</b>	<b>Life M =    Annual M =    Total =</b>
Branch Membership Strength as on <b>December this year</b>	<b>Life M =    Annual M =    Total =</b>
<b>Increase in membership</b>	<b>Life M =    Annual M =    Total =</b>

(Use Additional Sheet wherever necessary)

\*Certificate from concerned IDA State / National authority is only valid.

Sr. No.	Item	Please Answer	Proof No.	Marks by Committee
1	How many New members have joined in your Branch during this term?*			30
2	Percentage of annual membership <b>renewal</b> in your term?*			30
3	No of executive committee meetings organized by you during your term?			30
4	No. of family meetings held during your term?			30
5	No. of CDE Programmes held in you term?			30
6	No. of CDH Activities held during your term?			30
7	No. of Issues of Journals and Branch Bulletin published during your term?			30
8	Have you registered as an RC Member for the latest <b>IDA State Conference</b> ?*			30
9	No. of RC Registrations from your branch for <b>IDA State Conference</b> during your term?			30
10	Have you registered as an RC Member for the upcoming <b>IDA National Conference</b> ?*			30
11	No of RC Registrations from your branch for upcoming <b>IDA National Conference</b> ?*			30
12	How many <b>State Conferences</b> you have attended so far?			30
13	How many <b>National Conferences</b> you have attended so far?			30



14	Any scientific papers presentation/publication during your term?			30
15	Any major achievement or recognition during this IDA year?			20
16	Did you attend the State President & Secretary Seminar this term?			30
17	No. of <b>State IDA events</b> hosted during this term?			40
18	No. of <b>National IDA events</b> hosted during this term?			30
19	Did you attend the latest <b>AGM of IDA State office</b> ?			30
20	Did you attend the latest <b>AGM of IDA head office</b> ?			20
21	Have you ensured that head office election was conducted and the result forwarded in time?			40
22	Have you ensured that the State and Head office share were sent within specified time?			40
23	Have you ensured that branch programmes were intimated to <b>State office &amp; HO</b> regularly then and there?			40
24	How many ensured that the activity reports of the Branch were sent timely to <b>State Office &amp; HO</b> regularly?			40
25	Have you ensured that the list of members and office bearers of your branch were sent to <b>State office &amp; HO</b> before Jan 15th?			40
26	New Projects under taken during this year?			60
	Measurers taken to highlight IDA to the public? <b>General Impression</b> (for presentation & reporting) 1. National President 2. Hon Secretary General 3. Award Committee			60 25 25 50
	<b>Total Marks</b>			<b>1000</b>
	25% of marks obtained for the overall branch activity			<b>500</b>



**APPLICATION FORM FOR  
THE BEST STUDENT ACTIVITY/MEMBERSHIP AWARD, LOCAL BRANCH**

Name of the Local Branch			
No. of Dental Colleges in the branch territory?			
Total no. of Students?			
No. of IDA Student Members from total student no.?	<b>No.</b>	<b>Percentage=</b>	
Student membership strength as on <b>October Last year</b>	Renewal M=	New M =	Total=
Student membership strength as on <b>November this year</b>	Renewal M=	New M =	Total=
<b>Increase in membership</b>	Renewal M=	New M =	Total=

(Use Additional Sheet wherever necessary)

Certificate from concerned IDA State / National authority is only valid.

SR. No.	Item	Please Answer	Proof No.	Marks by Committee
1	How many New Student members have joined in your Branch during this term?			30
2	Percentage of branch student membership <b>renewal</b> ?			30
3	No. of Scientific programmes for Student members?			30
4	No. of Cultural programmes for Student members?			30
5	No. of Sports activities for Student members?			30
6	How many IDA Orientation Classes taken?			30
7	Privileges given to IDA Student members?			30
8	No. of IDA Student members registered for <b>Student Dental Conference</b> ?			30
9	No. of IDA Student members registered for <b>IDA State Conference</b> ?			30
10	Measures taken to promote IDA in Dental colleges?			30
	<b>Total</b>			<b>300</b>

**APPLICATION FORM  
FOR BEST LOCAL BRANCH JOURNAL**

SR. No.	ITEM	Please Answer
1	Name of the Local Branch	
2	Name of the Journal	
3	Periodicity: Monthly/Quarterly/Half Yearly/Yearly	
4	How many copies you print (per issue) (photo copy of printers bill to be enclosed issue wise)	
5	Are you sending copies to HO as and when published Encl: copies of journal from 1st November to 31st October	
		s/d Journal Editor

(Use Additional Sheet wherever necessary)

\*Certificate from concerned IDA State / National authority is only valid.

Sr. No.		Description	Please Answer	Marks Awarded	Maximum Marks
A	1	Regularity of Publication			60
	a	Regular Monthly			
	b	Regular Quarterly			
	c	Regular Half Yearly			
	d	Regular Yearly			
B	2	No. of Articles in Total			40
	a	Scientific			
	b	Association news			
	c	Editorial			
	d	General Articles			
C	3	Quality:			60
	a	Presentation (Cover, Colour, Size overall look)			
	b	No. of Pages in total			
	c	Quality of Paper & Printing			
D	4	Circulation			40
	a	Only State branch members			
	b	CC members			
	c	Branches outside state			
<b>Grand Total</b>					<b>200</b>

**APPLICATION FORM TO APPLY FOR  
DR. RATAN H. DOCTOR MEMORIAL AWARD**

1. This Application should be sent with recommendation of the concerned branch.
2. Whenever necessary separate sheets should be attached to give details for every item & evidences should be enclosed.

ITEM	I PLEASE ANSWER	II DOCUMENTARY PROOF ADDITIONAL SHEET NO	III MARKS GIVEN BY AWARDS COMMITTEE	IV MAXIMUM MARKS
a. Name				
b. Date of Birth and age. Proof should be sent.				
c. Were you student member of IDA if so, membership number branch, year in which you were a member				10
d. Your annual/life membership number, branch how long are you Annual/Life member.				10
e. Elaborate activities in IDA as a Student Member with evidence.				15
f. Elaborate activities in IDA as Annual/Life Member with evidence.				15
g. Other activities conducted in social and scientific organizations with evidence.				10
h. Publications to your credit in IDA Journals or other publications.				10
i. Your participation in various Conferences in IDA gives evidence year wise.				10
j. Your activities in any other professional organizations with evidences.				10
k. Any outstanding contribution of yours to be considered for this award.				10
<b>TOTAL</b>				100

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

**SIGNATURE OF CANDIDATE**

[www.ida.org.in](http://www.ida.org.in)

---