

INDIAN ASSOCIATION OF CONSERVATIVE DENTISTRY AND ENDODONTICS
IACDE AWARD FOR CLINICAL EXCELLENCE
APPLICATION FORM

1. APPLICANT DETAILS

Particulars	Details
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Name of Applicant

Designation

Institution / Organization

Department / Specialty

IACDE Membership No.

Email Address

Mobile No.

Years of Clinical Experience

2. CLINICAL EXPERIENCE

Briefly describe your clinical experience in Conservative Dentistry & Endodontics, including areas of particular clinical interest or expertise.

3. CLINICAL CASE PORTFOLIO

Summary of Submitted Clinical Cases

Maximum number of cases: 10

1. Showcase your clinical talent with quality pictures and a brief description of the treatment protocol.
2. Cases should be exceptional and not the regular ones. Should be an eyebrow-raising case.

3. Please cite with the case:

- Diagnosis
- Complexity and quality of submitted clinical cases
- Documentation
- Innovation in techniques, if any
- Functional and esthetic outcomes and follow up where applicable

APPLICANT DECLARATION

- I certify that the information provided in this application and the clinical cases submitted are true and represent my own clinical work.
- I confirm that patient confidentiality has been maintained and that all patient-identifying information has been removed from the submitted material.
- I understand that the application, clinical case summaries and detailed case submissions will be reviewed by the **IACDE Award Committee** for consideration for the **IACDE Award for Clinical Excellence**.

- **Name of Applicant:** _____

- **Signature:** _____

- **Date:** _____

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