

IACDE HUMANITARIAN & PHILANTHROPIC SERVICE AWARD

APPLICATION FORM

This award recognizes an IACDE member who has made outstanding contributions to humanitarian, charitable, philanthropic, community or public-service activities, within or beyond dentistry.

1. APPLICANT DETAILS

Name

IACDE Membership No.

Designation & Institution

Years of Professional Experience

2. MAJOR HUMANITARIAN / PHILANTHROPIC CONTRIBUTIONS

Activity / Programme	Year	Your Role	No. of Beneficiaries	Key Impact
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3. AREAS OF CONTRIBUTION

Tick as applicable:

- ☐ Community Dental Service
- ☐ Outreach
- ☐ Service to Vulnerable / Underserved Groups
- ☐ Humanitarian / Charitable Work Beyond Dentistry

☐ Other: _____

4. SIGNIFICANT CONTRIBUTION

Briefly describe your most significant humanitarian contribution, including your role and the impact it created.

5. DOCUMENTS (where applicable)

- ☐ Project / Programme Report
 - ☐ Certificates / Awards
 - ☐ Photographs
 - ☐ Testimonials if any
 - ☐ Institutional / Media Documentation
 - ☐ Other: _____
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DECLARATION

I certify that the information provided above is true and accurately represents my humanitarian / philanthropic contributions.

Signature: _____ **Date:** _____