



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

**Application to Host the NATIONAL CONFERENCE OF IAOMR /P G CONVENTION
OF IAOMR / TRIPLE O SYMPOSIUM of IAOMR-FOR THE YEAR _____**

Year:

City:

State:

THE APPLICANT

A. Name of Applicants:

- 1.
- 2.
- 3.



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B. Current Address of Applicants: and contact details of applicants

1

2

3

C. Designation of Applicants (if Faculty)

1

2

3



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D. How many National conferences the above applicants have attended in last five years. (Kindly attach certificate of attendance).

2. Proposed conference city/centre

A. Name of the conference centre :

B. Number of Halls available for the conference with the capacity, type of hall, distance between these halls.

C. Distance between conference venue and main accommodation area

D. Transport facility available from accommodation area to conference venue

E. Number of rooms available for delegates. (Kindly give number with approximate different budget hotel).



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- F. The transport mode available for the conference city.
(mention nearest airport, railway and bus station)

3. The organising team.

- A. Number of conferences, workshops, CDEs of OMRD conducted by the organising team in last Five years (Furnish detail)
- B. Are the members of organising team were part on any other conference held in your city (IDA etc.) Furnish details

4. Proposed registration fees intended to charge to delegates in case conference is allotted.

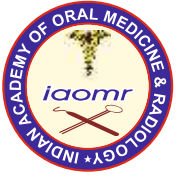
Any other special mention if bidder has to make



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SIGNATURE OF 10 LOCAL LIFE MEMBERS OF IAOMR

NO	NAME (WITH IAOMR LIFE MEMBERSHIP NUMBER)	DESIGNATION	ADDRESS	SIGNATURE
1				
2				
3				



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4				
5				
6				
7				



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8				
9				
10				

Kindly note – Read the Instructions carefully before filling the above application from guidelines.

For Office use only

Application received on _____

Verified by HGS _____

Sign of the Hon Secretary _____ DATE _____