



# INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

## APPLICATION TO HOST NATIONAL EVENTS – 2028

|                          |                                                                                                                                        |                                         |      |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------|
| <b>Event applied for</b> | <input type="checkbox"/> Tripple O Symposium<br><input type="checkbox"/> PG Convention<br><input type="checkbox"/> National Conference | <b>Proposed Year</b>                    | 2028 |
| <b>Proposed City</b>     |                                                                                                                                        | <b>Application Date</b>                 |      |
| <b>State</b>             |                                                                                                                                        | <b>Application No.<br/>(Office Use)</b> |      |

### 1. DETAILS OF THE APPLICANT(S)

A. Name(s) of Applicant(s):

\_\_\_\_\_

B. Current Address and Contact Details:

\_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

C. Designation of Applicant(s):

\_\_\_\_\_

D. Number of IAOMR National Conferences attended by the applicant(s) during the last five years:

Number: \_\_\_\_\_ (Attach copies of certificates of attendance.)



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## 2. PROPOSED CONFERENCE CITY / CENTRE

| Sl. No. | Particulars                                                                                    | Details |
|---------|------------------------------------------------------------------------------------------------|---------|
| A       | Name and complete address of the conference Centre.                                            |         |
| B       | Number of halls available, seating capacity, type of hall, and distance between halls.         |         |
| C       | Distance between the conference venue and hotels / accommodation                               |         |
| D       | Transport facilities available from hotels / accommodation areas to the venue                  |         |
| E       | Hotels available near the venue (Attach names and approximate tariffs)                         |         |
| F       | Transport modes available to reach the city (nearest airport, railway station and bus station) |         |
| G       | Distance from the nearest airport to the conference venue                                      |         |

3. ORGANIZING TEAM

A. Details of conferences, workshops and CDE programmes in Oral Medicine and Radiology conducted by the organizing team during the last five years:

| Sl. No. | Event / Programme | Year | Role of Organizing Team | Remarks |
|---------|-------------------|------|-------------------------|---------|
|         |                   |      |                         |         |
|         |                   |      |                         |         |
|         |                   |      |                         |         |
|         |                   |      |                         |         |
|         |                   |      |                         |         |



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B. Details of participation of organizing team members in other conferences conducted in the proposed city (e.g., IDA and other professional events):

| Sl. No. | Name of Member | Event | Year | Role / Details |
|---------|----------------|-------|------|----------------|
|         |                |       |      |                |
|         |                |       |      |                |
|         |                |       |      |                |
|         |                |       |      |                |
|         |                |       |      |                |
|         |                |       |      |                |

## 4. PROPOSED REGISTRATION FEES

| Category              | Early-Bird Fee | Regular Fee<br>(Should not exceed the<br>amount specified here) | On-Spot Fee |
|-----------------------|----------------|-----------------------------------------------------------------|-------------|
| IAOMR Life Members    |                |                                                                 |             |
| Postgraduate Students |                |                                                                 |             |
| Accompanying person   |                |                                                                 |             |



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## 5. SPECIAL FEATURES / OTHER INFORMATION

Mention any special features, academic attractions, proposed scientific highlights, social programmes, accessibility arrangements, or other relevant information supporting the bid:

## 6. CONTACT DETAILS FOR ALLOTMENT CONFIRMATION

|                        |  |
|------------------------|--|
| Name of Contact Member |  |
| Designation            |  |
| Mobile Number          |  |
| Email ID               |  |
| Postal Address         |  |

## 7. DETAILS OF TEN IAOMR LIFE MEMBERS FROM THE PROPOSED CITY

The following ten IAOMR Life Members from the proposed city support / intend to host the event:

| Sl. No. | Name and<br>IAOMR LM<br>No. | Designation | Local Address | Mobile /<br>Email | Signature |
|---------|-----------------------------|-------------|---------------|-------------------|-----------|
| 1       |                             |             |               |                   |           |
| 2       |                             |             |               |                   |           |
| 3       |                             |             |               |                   |           |
| 4       |                             |             |               |                   |           |
| 5       |                             |             |               |                   |           |
| 6       |                             |             |               |                   |           |

|    |  |  |  |  |  |
|----|--|--|--|--|--|
| 7  |  |  |  |  |  |
| 8  |  |  |  |  |  |
| 9  |  |  |  |  |  |
| 10 |  |  |  |  |  |

### 8. LIST OF ENCLOSURES

- ☐ Institutional permission / letter of support
- ☐ Venue quotation, photographs and floor plan
- ☐ Hotel and tariff details
- ☐ Connectivity and transport plan
- ☐ Attendance certificates, where applicable
- ☐ Previous event details of organizing team
- ☐ Preliminary budget
- ☐ Other supporting documents

### SUBMISSION OF APPLICATION

Kindly email the completed and signed application with supporting documents to [secretaryiaomr@gmail.com](mailto:secretaryiaomr@gmail.com) on or before 20.11.2026, 1.30 PM or hard copy can be submitted physically to HGS prior to the EC meeting during the National Conference held at Triyandrum on 20/11/2025.



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FOR IAOMR HEAD OFFICE USE ONLY

| Particulars                                   | Details |
|-----------------------------------------------|---------|
| Application received on                       |         |
| Documents verified on                         |         |
| Eligibility / completeness status             |         |
| Scrutiny / EC remarks                         |         |
| Decision / allotment status                   |         |
| Signature of Hon. General Secretary with date |         |

SIGNATURE OF THE APPLICANT

LM NUMBER

DATE

  
**Dr. Prashanth Shenoy**  
**President**  
**IAOMR**

  
**Dr. Avinash Tejasvi.M. L**  
**Hon.General Secretary**  
**IAOMR**