



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

ELECTION NOMINATION FORM – 2026-2027

CONTESTANT'S DETAILS

1. CONTESTANT'S DETAILS

Name of the Contestant:

.....

IAOMR Life Membership No.: LM

Date of Birth:

Post Contested For:

(Please tick ✓ the appropriate option)

☐ PRESIDENT ELECT – 2026-2027

☐ VICE PRESIDENT – 2026-2027

☐ EXECUTIVE COMMITTEE MEMBER – 2026-2027

2. CORRESPONDENCE DETAILS

Full Correspondence Address:

.....

.....

.....

Place:

State:

PIN Code:

Mobile No.:

E-mail Address:



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

1. DECLARATION

I, the undersigned, hereby declare that **the information furnished by me in this nomination form is true and correct to the best of my knowledge and belief.** I have years of good-standing membership in the Indian Academy of Oral Medicine & Radiology (IAOMR) as a Life Member, following completion of my MDS degree. I agree to abide by the Constitution, Rules, Regulations and Election Guidelines of the IAOMR. I further declare that I have served the Academy as an Office Bearer for ____ terms.

S. No.	Name of Post	Term [Mention year(s)]*	COPY ATTACHED
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

PROPOSED BY

Name: Dr.

IAOMR Life Membership No.: LM

Full Correspondence Address:

.....
..
.....
..

Place: State:

PIN Code:

Mobile No.:

E-mail Address:

Signature:

SECONDED BY

Name: Dr.

IAOMR Life Membership No.: LM

Full Correspondence Address:

.....
.....

Place: State:

PIN Code:

Telephone No. (with STD Code):

Mobile No.:

Signature:

E-mail Address:



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

DETAILS OF PAYMENT OF NON-REFUNDABLE DEPOSIT

Non-Refundable Deposit Amount: ₹5,000/-

The prescribed non-refundable deposit of **₹5,000/- (Rupees Five Thousand Only)** shall be paid **online only** to the following IAOMR bank account:

Banking Details

Particulars

Account Name	Indian Academy of Oral Medicine and Radiology
Bank Name	Bank of Baroda
Branch	Yenepoya University Branch
Account Number	74460100002110
Account Type	Savings Bank (SB)
IFSC Code	BARB0VJDEYU

Important: In the IFSC code **BARB0VJDEYU**, the character “0” is **ZERO** and not the letter “O”.

PAYMENT TRANSACTION DETAILS

Mode of Payment:

☐ NEFT ☐ RTGS ☐ IMPS ☐ UPI ☐ Other:

Transaction / UTR / Reference No.:

.....

Date of Payment:

Amount Paid: ₹.....

Name of Account Holder / Payer:

Payment Receipt / Transaction Proof:

☐ Attached

Note: The nomination form shall be accompanied by proof of successful online payment of the prescribed non-refundable deposit.

Date

Signature of the contestant

LM No:



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

FOR HEAD OFFICE USE ONLY

A. PRE-ELECTION – RECEIPT OF NOMINATION FORM

Nomination Form Received By: Secretary, IAOMR

Date of Receipt: / / 2026

Mode of Receipt:

☐ By Post ☐ By Hand Delivery ☐ By E-mail

Time of Receipt: AM / PM

Place of Receipt:

Date

Signature of Hon.General Secretary
Name: Dr. AVINASH TEJASVI.M. L

B. POST-ELECTION –

Post Contested For:.....

.Result:

☐ Elected ☐ Not Elected

Number of Votes Received:.....

CERTIFICATION BY RETURNING OFFICERS

Returning Officer – 1

Name: Dr.

Signature: **Date:**

Returning Officer – 2

Name: Dr.

Signature: **Date:**

Date

Signature of Hon.General Secretary
Name: Dr. AVINASH TEJASVI.M. L