INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

APPLICATION TO HOST NATIONAL EVENTS – 2028

Event applied for	☐ Tripple O Symposium ☐ PG Convention ☐ National Conference	**Proposed Year**	2028
Proposed City		**Application Date**	
State		**Application No. (Office Use)**	

APPLICATION TO HOST NATIONAL EVENT -2028

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.)

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	

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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 (Should not exceed the 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 IAOMR LM No.	Designation	Local Address	Mobile / Email	Signature
1					
2					
3					
4					
5					
6					

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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 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 Trivandrum on 20.11.2025.

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INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

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	

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SIGNATURE OF THE APPLICANT

LM NUMBER

DATE

Dr. Prashanth Shenoy
President
IAOMR

Dr. AvinashTejasvi.M. L
Hon.General Secretary
IAOMR