



INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY

Application to Host National Events- 2027

Event Bided for: Annual Conference / PG convention / OOO Symposium

Proposed Year: 2027

Proposed City:

Application Date:

1. The Applicant:

A. Name of Applicants:

B. Current address & Contact details of Applicants:

C. Designation of Applicants(If Faculty):

D. How many National conferences the above applicants have attended in last five years?

(Kindly attach the copy of 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 hotels /accommodation.
- D. Transport facility available from hotels/accommodation area to conference venue.
- E. Number of hotels near the conference venue available for delegates.(Kindly give name of hotels and approximate tariffs)
- F. The transport mode available for the city where the conference is hosted.(Mention nearest airport, railway and bus station)
- G. Distance from nearest Airport to the conference venue.

3. The Organizing team:

- A. Number of conference, workshops, CDEs of OMRD conducted by the organizing team in last five years(Furnish detail)
- B. Where the members of organizing team part of any other conference held in your city (IDA etc.)? Furnish details.

4. Proposed registration Fees in case conference is allotted.

5. Any other special mention bidder has to make.

6. Name of member & Email Id of bidder where allotment confirmation to be sent.

7. 10 life members of the local city, with their IAOMR membership numbers intending to host conference

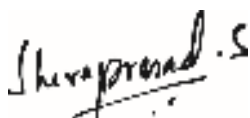
Sl. No	Name of the Life member with LM number	Designation	Local Address	Signature

Kindly E-mail the filled application to secretaryiaomr@gmail.com .

The hard copy can be submitted physically to HGS prior to the EC during the National Conference at NAVI MUMBAI on 22/11/2025.

For office use only

Application received on _____ verified on _____



Sign of Hon Secretary

Date: