



Annual Conference of the Indian Academy of Neurology: Bid Application Form

Bids for IANCON: Application for 2028

1) Details of the Bidding Society

a) Name of the Institute / Local Neurological Association: _____ City: _____

b) No. of local IAN Members: _____

c) Whether Local Association is registered: Yes/No: _____

If Yes, Registration Number: _____ Year of Registration: _____

d) Experience of the Society: Number of national level conferences with at least more than 500 delegates, conducted by the bidding society: _____

Details of the meetings conducted previously

| Name of the meeting | Number of delegates | Year of the meeting |
|---------------------|---------------------|---------------------|
|---------------------|---------------------|---------------------|

1.

2.

3.

e) Please give details of the Region / National / International Neurology Conferences held in the City in last 10 Years

2) Mention whether an Annual Conference of Indian Academy of Neurology has been held in the City?

Yes/No: If yes, mention years: 1. _____ 2. _____ 3. _____

3) Was a bid application made for the city in the previous 3 years?: Yes/No

If yes, how many times the application was unsuccessful (mention years) -20....., 20....., 20.....

4) Name of the IAN member bidding for IANCON _____ IAN Membership No: _____

5) Address: _____

City: _____ Pincode: _____ Sate: _____

Email Id: _____ Contact No. _____ Fax No. _____



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6) Infrastructure

Facilities for the Venue

- a) One Hall Accommodating 1500 delegates: **Yes** ____ **No** ____
- b) At least 2 additional halls for parallel sessions accommodating 500 delegates each: **Yes** ____ **No** ____
- c) At least 10 hotels within a 10 Km radius around the venue: **Yes** ____ **No** ____
- d) At least 2 five-star hotels within 10Km radius of venue present: **Yes** ____ **No** ____
- e) 3star hotels: **Yes** ____ **No** ____
- f) Is around the venue: **Yes / No**, if yes mention number _____
- g) Guest house/service apartments around the venue Yes/No, Number ____

Tentative Venue:

Hotel / Venue Name: _____

City: _____ State: _____ Zone: _____

Number of Rooms at venue: _____

7) Airport Services: Domestic / International

Average Number(s) of daily arrival flights: _____

8) Railway Station: Yes/No

Average Number(s) of daily arriving of trains (out states): _____

9) Undertaking:

We hereby declare that we have read all the given terms and conditions for the bidding IANCON. The details furnished above are true and correct to the best of our knowledge. In case of any of the above information is found to be false or misleading, then our application for bidding IANCON can be rejected by GBM/EC of the Indian Academy of Neurology

IAN Member / Secretary, Local Neurology Association

Name: _____

Affiliation: _____

City: _____

IAN Membership No. _____

Head of the Institute / President, Local Neurology Association

Name: _____

Designation: _____

City: _____



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For IAN Office Use only

Scoring System for accepting the IAN BID

SCORE

| Criteria | Points/Score |
|---|--------------|
| 1. When was the last IANCON held in your city (1 point for 1 elapsed year since the last IANCON till the year for which BID is submitted; If BID is being submitted for the first time, 20 points will be given automatically) | |
| 2. How many times the BID was unsuccessful /declined: (3 points will be given for each time it was declined) | |

Total Score:

**Secretary,
Indian Academy of Neurology**