

NOMINATION/APPLICATION FORMAT FOR IADVL AWARDS

I, Dr. _____ bearing IADVL Life Membership number _____ hereby apply for _____ award.

Or

I, Dr. _____ bearing IADVL Life Membership number _____ hereby nominate Dr. _____ bearing IADVL life Membership number _____ for the _____ award.

I, Dr. _____ hereby accept my nomination for the _____ award.

Signature of Proposer

Signature of Nominee / Applicant

Details about the Applicant/Nominee

Name: _____

Date of Birth: _____ Age: _____

Academics

Academic Qualifications (Mention degrees and Year):

Teaching Experience: UG _____ years PG _____ years

Awards and Orations:

Fellowships:

Papers Published (details may be enclosed): _____

Books and chapters Authored: _____

Patents: _____

Organization Related Activities

Details regarding posts held in the State and National IADVL:

Details of posts held during CUTICON, DERMAZONE and DERMACON:

Details of Organizing Workshop / CME under the banner of IADVL:

Social Activities

Memberships in other charitable associations:

Details regarding camps and other social service activities related to dermatology:

A brief write up (not exceeding 500 words) on how the applicant/nominee is suited to receive the award:

(Photograph may be enclosed)