**Application for IADVL Scholarships**

*(use a separate sheet where necessary)*

|  |  |
| --- | --- |
| **PERSONAL DETAILS** |  |
| Name |  |
| Date of birth  |  |
| Age in completed years *(on 31-03-2016) Attach Proof* |  |
| Status *(Resident/Faculty In medical college/Independent practicing consultant)* |  |
| **IADVL Membership number, years of membership**  |  |
| **CONFERENCE DETAILS** |  |
| **Name of congress MIDDERMACON/ADC/DERMACON**  | **DERMACON** |
| Conference registration number *(registration receipt to be attached)* |  |
| Title of presentation *(acceptance letter of presentation to be attached)* |   |
| Synopsis of presentation | Attach |
| Correspondence address |  |
| Email address |  |
| Mobile number |  |
| **ACADEMIC** |  |
| Year of passing MBBS  |  |
| Institution |  |
| Postgraduate qualification *(MD/DDVL/DD/DNB)* |  |
| Year of passing |  |
| Institution |  |
| Post-qualification experience |  |
| Present position |  |
| **Presentations at conferences in the last three years** *(only presentations at national/international/zonal/state level conferences will be considered) (if necessary, attach a separate sheet)*  |  |
| **Publications in the last three years** *(in peer reviewed indexed journals only; weightage will be given to the first two authors/corresponding author) (include details in a separate page)*  |  |
| **Chapters/editors in books** *(first two authors only) (give details)* |  |
| **Awards** *(state/zonal/national/international) (give details)* |  |
| **Participation in IADVL Activities** *(e.g. organizing CMEs, IADVL days, health camps, etc. Necessary proof to be enclosed)*  |  |
| **Have you received any scholarship from the IADVL in the past? *(****If Yes, give details)* |  |
| **Why you should be considered for the scholarship?** *(Not more than 150 words)* |  |
| **Any information not mentioned above**  |  |

**DECLARATION**

I have not received or am not going to be receiving funding from any other agency (e.g. the conference organizers, state branches, government, ICMR, pharmaceutical companies, and my institution) for attending this conference.

I will submit a brief report about the conference, my experience and how it benefitted me to the IADVL after the conference.

As an IADVL member can avail only **one** IADVL scholarship each for national and international conferences in his/her lifetime, I declare that I have not availed an IADVL scholarship for any national/international *(strike out as required)* conference in the past.

I will abide by the decision of the judges.

All statements made above by me are true. If any are found false, I abide by the rules of the IADVL to take appropriate action which may include refund of the scholarship amount and disqualification from future grants/scholarships/awards.

Attachments:

1. Abstract (as a MS Word document)
2. Abstract acceptance letter from DERMACON 2017
3. Brief CV (as a MS Word document)

Signature:

Name:

Date:

Place: