**Application form for dermasewa award**

*[Please attach the appropriate proof]*

1. **Project Title :**
2. **Project leader :**

***[Project leader has to be an IADVL member]***

**Address:**

**Email id :**

**Telephone no:**

1. **Presentation of the projects**

What does the project consists of

 **When did the project start?**

**What is the type of project?**

 **How long it is running?**

1. **Benefits of the project**
2. **Methods of implementation**
3. **Target population**
4. **Innovation**
5. **Competencies skills and partners**
6. **Patient benefit**
7. **Community benefit**
8. **Has it received any funding?**
9. **Describe in brief the work done, number of beneficiaries, other sources of funding,**