**PROFORMA FOR APPLICATION FOR IADVL BEST BRANCH AWARD FOR 2018**

**(1st January 2018 to 15th December 2018)**

**INSTRUCTIONS**

This should be filled by the State Secretary in full, with the signature, date, and office stamp of the branch. Attach proofs as and where required. In case more space is required, attach a separate paper and mention the item number. This duly completed form must reach the Honorary Secretary General by mail latest by **30th December, 2018**.

**CRITERIA (MARKS)**

**1. Membership: (10 marks)**

(a) Strength of the branch on 15th December

LMs:

PLMs:

ALMs:

Total members:

(b) Number of new members enrolled during the year:

(c) Number of members deleted during the year:

(d) Percentage of increase of membership during the year:

(e) Statistics regarding PLM to LM conversion:

**2. Database updation & corrections: (10 marks)**

(a) Number of members whose details were updated/corrected:

(b) Number of duplications identified and corrected:

**3. Academic activities: (15 marks)**

(a) Scientific activities: CME, etc. under the banner of the branch (Attach proof and give detailed information)

Topics/Speakers Place Time/Date No. of Participants

(i)

(ii)

(iii)

(b) Research projects if any

(c) Dates of next CUTICON/DERMAZONE/other important events (calendar of events)

**4. Community Service Projects: (15 marks)**

(Give details and attach proof of Leprosy Eradication Program, STD Control Program, diagnostic camps, health education to the public, etc)

Nature of Programs Place Time/Date

(a)

(b)

(c)

**5. Response to official correspondence from the Honorary Secretary General: (10 marks)**

Date of receipt Date of reply

(a)

(b)

(c)

**6. Implementation of calendar of activities of the state branch: (10 marks)**

Whether activities had taken place as scheduled:

If yes, whether a detailed report was forwarded to the Honorary Secretary General:

If yes, mention date on which reported:

**7. Achievements in DVL Welfare Trust Membership: (10 marks)**

(a) Total branch members of DVL Welfare Trust:

(b) No. of new members enrolled during the year:

**8. Achievements in E voting: (10 marks)**

(a) Total registered e-voters of the branch:

(b) No. of new members registered for e-voting this year:

**9. Activities related to ITATSA/ITART/ITAQ: (10 marks)**

**10. Special/unique projects if any:**

Date: Signature, Name and Address

Place: of the State Secretary