**APPLICATION FORM**

(For selection as a speaker for IADVL DERMAGYAN-2019, Online Lecture Series)

|  |  |
| --- | --- |
| **Name:**  |  |
|  |  |
| **Contact details:**  |  |
|  |  |
| **Email address:**  |  |
|  |  |
| **Qualifications:**  |  |
|  |  |
| **IADVL LM number:** |  |
|  |  |
| **Post-PG experience:**  |  |
|  |  |
| **Teaching experience:**  |  |
|  |  |
| **Current affiliation and Address:** |  |
|  |  |
| **Topic for deliberation****( in order of preference)** | 1.2. |
|  |
|  |  |
| **Publications on topic/s in indexed journal/books:** (Please provide details) |  |
|  |  |
| **Presentations on topic/s in International/National/Zonal/State/Other conferences:** |  |

(Please provide details)

**Research Project/s in chosen topic:**