**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**
	1. **What does the project consist of?**
	2. **When did the project start?**
	3. **What is the type of project?**
	4. **How long it is running?**
2. **Benefits of the project**
3. **Methods of implementation**
4. **Target population**
5. **Innovation**
6. **Competencies skills and partners**
7. **Patient benefit**
8. **Community benefit**
9. **Has it received any funding?**
10. **Describe in brief the work done, number of beneficiaries, other sources of funding.**