**Application form for IADVL Observership-2019**

***Forms need to be sent only as Microsoft word. Any other format will be rejected***

Dear Sir/Madam

I would like to apply for the **observership at Sivananda Rehabilitatation home for Leprosy** observership

**Only complete application forms will be considered. Please ensure that you mark Yes or No or the total number for each respective question in the table below.**

**For questions 16 to 21, details are to be entered in the format given in table-2. No details other than total number is to be mentioned for questions 16 to 21 in table-1**

**Necessary proofs to be added for questions 2, 11 and 16 to 21**

**TABLE-1**

|  |  |
| --- | --- |
| 1. Name
 |  |
| 1. Date of birth

(Please attach proof) |  |
| 1. Age in completed years *(on 31-7-2019)*
 |  |
| 1. Correspondence address
 |  |
| 1. Email address
 |  |
| 1. Mobile number (preferably the one with whatsapp)
 |  |
| 1. IADVL Membership number ***(essential)***

To be quoted as LM or PLM/ state/number |  |
| 1. Years of IADVL membership
 |  |
| 1. Year of passing MBBS
 |  |
| 1. Institution and University
 |  |
| 1. Postgraduate qualification *(MD/DDVL/DD/DNB)*
 |  |
| 1. Year of passing
 |  |
| 1. Institution and University
 |  |
| 1. Post dermatology graduation experience in years
 |  |
| 1. Present position/Current affiliation*(Resident/Faculty In medical college/Independent practicing consultant)*
 |  |
| 1. **Presentations at conferences in the last three years** *(only presentations at national/international/zonal/state level conferences)*
 | International-National-Zonal-State-Mention only the number here |
| 1. **Publications in the last three years** *(in peer reviewed* ***indexed*** *journals only; weightage will be given to the first two authors/corresponding author, publications during the last 3 years)*

**The URL link to be mentioned** | Mention only the number here |
| 1. **Chapters/editors in books** *(weightage will be given to the first two authors)*
 | Mention only the number here |
| 1. **Awards**
 | International-National-Zonal-State-Mention only the number here |
| 1. **Participation in IADVL activities** *(e.g. organizing IADVL days, health camps, etc. Necessary proof to be enclosed)*
 | Mention only the number here |
| 1. **Any other information not mentioned above**
 |  |

**TABLE-2**

|  |  |
| --- | --- |
| **Presentations at conferences in the last three years***(only presentations at national/international/zonal/state level conferences)* | DETAILS: (Numbers to be added as required)1.2. 3. |
| **Publications in the last three years**Write as cited in the journal. **The URL link to be mentioned** | DETAILS: (Numbers to be added as required)1.2. 3. |
| **Chapters/editors in books**Name of chapter, book, publisher, year and pages to be mentioned | DETAILS: (Numbers to be added as required)1.2. 3. |
| **Awards***national/international/zonal/state level* | DETAILS: (Numbers to be added as required)1.2. 3. |
| **Participation in IADVL activities** | DETAILS: (Numbers to be added as required)1.2. 3. |

**UNDERTAKING**

* I have not been selected for an IADVL observership in the past
* I have not availed any IADVL Fellowship/Observership,
* If awarded the observership, I agree to complete the Observership by 31/12/2019.
* I will abide by the IADVL constitution and will accept the final decision of the judges.

Signature

Date

TO BE SUBMITTED IN WORD DOCUMENT ONLY. NO OTHER FORMATS WILL BE CONSIDERED FOR EVALUATION