**Application form for IADVL Observerships-2020**

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

***Applications are to be submitted at*** [***applicationsiadvl2020@gmail.com***](mailto:applicationsiadvl2020@gmail.com)

***by 15th November, 2019***

Dear Sir/Madam

I would like to apply for the following observerships (in order of preference):

**TYPE THE CHOICE (Details available in the centre list)**

|  |  |  |  |
| --- | --- | --- | --- |
| PREFERENCE | PROGRAMME | DIRECTOR | CENTRE |
| 1 |  |  |  |
| 2 |  |  |  |

**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 31-12-2019)* |  |
| 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)* | 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 31/12/2020.
* I will abide by the IADVL constitution and will accept the final decision of the judges.
* I give undertaking not to train non-dermatologists in dermatology procedures.

Signature

Date

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