**Application Form For ‘PRP Expert Group’**

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| --- | --- | --- |
| 1 | Name |  |
| 2 | IADVL LM no. |  |
| 3 | Present or past institutional affiliations |  |
| 4 | Postal address |  |
| 5 | Email address |  |
| 6 | Mobile number |  |
| 7 | Post applied for (strike off as needed) | Coordinator/Convener/Member/All |
| 8. | Years of experience in using PRP |  |
| 9. | Indications for which you have used PRP |  |
| 10. | Variations of PRP that you have used |  |
| 11. | Publications on platelet rich plasma (please provide the information in the form of bulleted lists) | Pubmed indexed journal |
| Pubmed non-indexed journal |
| 12. | Presentations on platelet rich plasma (please provide the information in the form of a bulleted list) |  |
| 13. | Any research that you have carried out on platelet rich plasma (please provide the information in the form of a bulleted list) |  |
| 14. | Have you been/ are you a part of any IADVL SIG? If yes, please provide details |  |
| 15. | Have you organized any conference, CME, workshop?  If so, please provide details. Also mention what was your involvement in such scientific activity |  |
| 16. | A brief statement (3-5 sentences) on why you should be selected as a member of the PRP Expert group |  |
| 17. | Declaration of conflict of interest |  |

Date : Signature: