

**FORM OF NOMINATION AND CONSENT FOR THE POST OF**

**OF IADVL NATIONAL EXECUTIVE COMMITTEE FOR 2021**

*Please fill the form in duplicate (two sets) and send one copy to the Election Officer, Dr. Suresh Talwar, and another copy along with DD or online payment towards nomination fee to the Returning Officer & IADVL Honorary Secretary General, Dr. Feroz K at the addresses given below or as e mail so as to reach on or before 15th June, 2020.*

PROPOSED BY: I, Dr. \_\_\_\_\_ (LM number \_\_\_\_\_), a member of \_\_\_\_\_ branch/direct member with the following \_\_\_\_\_ address

\_\_\_\_\_ mobile number: \_\_\_\_\_ e-mail id: \_\_\_\_\_

do hereby propose Dr. \_\_\_\_\_ (LM number \_\_\_\_\_ ) \_\_\_\_\_ address

\_\_\_\_\_ mobile number: \_\_\_\_\_ e-mail id: \_\_\_\_\_

\_\_\_\_\_ SECONDED BY: I, Dr. \_\_\_\_\_ (LM number \_\_\_\_\_ ) \_\_\_\_\_ address

\_\_\_\_\_ mobile number: \_\_\_\_\_ e-mail id: \_\_\_\_\_

\_\_\_\_\_ He/she is a member in good standing as per the Rules and by-laws of IADVL for the post of \_\_\_\_\_ of the Indian Association of Dermatologists, Venereologists and Leprologists for the Year 2021.

DECLARATION We, the proposer and seconder of the above nomination, are members in good standing as per the Constitution of IADVL (Procedure of Election of the Office bearers).

Signature of the proposer

Signature of the seconder

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place: \_\_\_\_\_

Place: \_\_\_\_\_

**Enclosures to be attached:**

1. Brief CV (200 words)
2. Photograph
3. Letter of endorsement from your state secretary confirming your position held at the state level in EC/CC (on State Secretary's letterhead)
4. Proof of date of passing post graduation (Passing certificate of DVD/MD/DNB)
5. In case of applicants whose residence in India is less than 5 years immediately prior to date of application: submit proof deputation from head of department/head of the institution specifying date of deputation and return I hereby confirm that the above statements are true and all disclosures have been made fully . I am aware that if any of the statements are false, either by omission or commission, my application is liable to be rejected.
6. Demand Draft for Nomination fee: Amount: \_\_\_\_\_ DD Number: \_\_\_\_\_ (DD in favor of "IADVL" Payable at New Delhi) DD Date: \_\_\_\_\_ OR Details of electronic payment  
.....  
..... (Name, Account Number, Bank Name, Amount, Date of payment)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place: \_\_\_\_\_

I have read and understood all relevant clauses of constitution with respect to the election process and am aware of the model code of conduct.

Signature of the Nominee

**DECLARATION BY CANDIDATE OF FULFILMENT OF THE ELIGIBILITY CONDITIONS FOR THE POST OF**

\_\_\_\_\_

I \_\_\_\_\_ (LM number \_\_\_\_\_ date of joining IADVL, date of passing dvd/md/dnb \_\_\_\_\_) proposed for the post of \_\_\_\_\_ do solemnly declare that I fulfill the conditions of eligibility for the post for which I am nominated under the Rules and Bye laws of the Constitution of IADVL and that I have read the IADVL Constitution and will abide by the same in letter and spirit. I confirm that I have been residing in India for the last- \_\_\_\_\_ years continuously.

I hereby wish to declare the following conflicts of interests such as associations with industry/other societies/conferences: NIL report is needed specifically for each clause

a) I am an owner/ employee/consultant/advisor (specify any other capacity) in the following pharma/aesthetic company or instrument supplier/dealer or cosmetic company or chain of clinics:  
Name of company Position term and duration

b) I am an office bearer in the below mentioned capacities in the following medical associations/societies (mention when the term of office will be over) Name of Society/association  
Position term and duration

c) I am in the following position in organizing committees of the following congresses:  
mention dates of conferences , Name of conference, position

I CONFIRM THAT ABOVE INFORMATION IS TRUE AND AM LIABLE FOR ACTION INCASE ANY OF IT IS FOUND FALSE

Signature:

Name and Address:

Mobile number:

Email id:

*Kindly post one completed copy with enclosures to the Election Officer and another copy with enclosures along with DD towards nomination fee to the Returning Officer. Electronic version may reach the undersigned latest by midnight 15th June 2020 in email to below email addresses marked IMPORTANT: IADVL ELECTION APPLICATION.*

Election Officer

**Dr. SURESH TALWAR**

LM/UP/2329

Phone number: 9335917611

Email: [drsureshtalwar@gmail.com](mailto:drsureshtalwar@gmail.com)

Address: C 219, IndraNagar Lucknow, 226016

Returning Officer

**Dr. FERAZ K**

LM/K/3383

Phone number: 98985268811

Email: [secretarygeneral@iadvl.org](mailto:secretarygeneral@iadvl.org)

Address: Dr Feroz's SKIN CARE CLINIC

Near SBI, Fort Road, Kannur 1 , 670001. Kerala