

Application form for IADVL Observerships-2021

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

Applications are to be submitted at iadvlobserverships@gmail.com

by 7th December, 2020

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 (Scanned documents in portrait layout should be merged together in a single .pdf file)

TABLE-1

1. Name	
2. Date of birth (Please attach proof)	
3. Age in completed years (<i>on 31-12-2020</i>)	
4. Correspondence address	
5. Email address	
6. Mobile number (preferably the one with whatsapp)	
7. IADVL Membership number (<i>essential</i>)	

To be quoted as LM or PLM/ state/number	
8. Years of IADVL membership	
9. Year of passing MBBS	
10. Institution and University	
11. Postgraduate qualification (MD/DDVL/DD/DNB)	
12. Year of passing	
13. Institution and University	
14. Post dermatology graduation experience in years	
15. Present position/Current affiliation(<i>Resident/Faculty In medical college/Independent practicing consultant</i>)	
16. Presentations at conferences in the last three years (<i>only presentations at national/international/zonal/state level conferences</i>)	International- National- Zonal- State- Mention only the number here
17. Publications in the last three years (<i>in peer reviewed <u>indexed</u> journals only; weightage will be given to the first two authors/corresponding author, publications during the last 3 years</i>)	Mention only the number here
18. Chapters/editors in books (<i>weightage will be given to the first two authors</i>)	Mention only the number here
19. Awards	International- National- Zonal- State- Mention only the number here

<p>20. Participation in IADVL activities (<i>e.g. organizing IADVL days, health camps, etc. Necessary proof to be enclosed</i>)</p>	<p>Mention only the number here</p>
<p>21. Any other information not mentioned above</p>	

TABLE-2

<p>Presentations at conferences in the last three years <i>(only presentations at national/international/zonal/state level conferences)</i></p>	<p>DETAILS: (Numbers to be added as required)</p> <ol style="list-style-type: none"> 1. 2. 3.
<p>Publications in the last three years Write as cited in the journal. The URL link to be mentioned</p>	<p>DETAILS: (Numbers to be added as required)</p> <ol style="list-style-type: none"> 1. 2. 3.
<p>Chapters/editors in books Name of chapter, book, publisher, year and pages to be mentioned</p>	<p>DETAILS: (Numbers to be added as required)</p> <ol style="list-style-type: none"> 1. 2. 3.
<p>Awards <i>national/international/zonal/state level</i></p>	<p>DETAILS: (Numbers to be added as required)</p> <ol style="list-style-type: none"> 1. 2. 3.
<p>Participation in IADVL activities</p>	<p>DETAILS: (Numbers to be added as required)</p>

	1. 2. 3.
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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 31/12/2021.
- 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