

APPLICATION FORM for SIG MEMBERSHIP: 2021- 2022

Application for Post of Coordinator/Convener /Member/all , of SIG _____

1. Name:
2. Contact details:
 - a. Address:
 - b. Email address
 - c. Phone numbers:
3. IADVL membership number:
4. Affiliation (hospital/clinic/college/university):
5. Whether in active speciality practice/teaching:
6. Duration in speciality after obtaining MCI post-graduate qualification in dermatology:
7. Number of indexed publications (highlight those in the speciality of the applied for SIG and provide complete reference details) in the last 5 years:
8. Number of non-indexed publications in the (highlight those in the speciality of the applied for SIG and provide complete reference details) in the last 5 years:
9. Whether having regular email access: Daily/2-3 times a week/once a week/less frequently
10. Whether active in the IADVL yahoo groups:
11. Number of presentations in the speciality of the SIG applied at the international/national/zonal/state level in the last 5 years:
12. Number of conferences/CMEs/updates organised in the last 5 years as Organising Secretary/Organising Chairperson/Scientific Chairperson/Scientific Secretary/Treasurer:
13. Have you been involved in the IADVL Academy/Special Interest Group as a Member/Coordinator?
14. If Yes, what was your contribution?
15. How will you be able to promote the subspecialty and contribute to this SIG?