

Application form for IADVL ACADEMY Member (2021-2022)

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 following obtaining MCI post-graduate qualification in Dermatology:
7. Number of indexed publications (by any international indexing agency) in the last 5 years:
8. Number of non-indexed publications in the last 5 years:
9. Have you been a reviewer, editorial board member or editor of any indexed dermatology journal?
10. Have you been associated with any research project in the last 5 years?
11. Whether having regular email access: Daily/2-3 times a week/once a week/less frequently
12. Whether active in the IADVL e-groups:
13. Number of presentations at the international/national/state/local levels in the last 5 years:
14. Number of conferences/CMEs/Updates organised in the last 5 years as Organising Secretary/Organising Chairperson/Scientific Chairperson/Scientific Secretary/Treasurer:
15. Have you been a member of the Academy (mention year of membership)? If yes- Chairperson/Convener/ Member.
16. Have you been involved in any IADVL Special Interest Group as a member or Co-ordinator?
17. Do you have administrative experience in the speciality of dermatology at the level of the association, society or journal?
18. Do you have any administrative experience other than in Dermatology in any association, college or university?

Date

Place

Signature _____

Name