

Application Form For ‘IADVL Acne Taskforce’
(No handwritten application is acceptable)
(The application has to be submitted in word or .pdf format)

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.	Publications on acne (please provide the publications in the form of numbered lists). You can use annexure to this application form if the list is long.	Pubmed indexed journal
		Pubmed non-indexed journal
9.	Presentations on acne (please provide the information in the form of a numbered list) You can use annexure to this application form if the list is long.	
10.	Any research that you have carried out on acne (please provide the information in the form of a numbered list)	
11.	Have you been/ are you a part of any IADVL SIG or specially constituted group? If yes, please provide details	
12.	Have you organized any conference, CME, workshop? If so, please provide details. Also mention	

	what was your involvement in such scientific activity	
13.	A brief statement (3-5 sentences) on why you should be selected as a member of the IADVL Acne Taskforce	
14.	Declaration of conflict of interest, if any	

Date :

Signature: