

APPLICATION FORM FOR POST OF EDITOR - ELECT, IJDVL

| Name of the Applicant: | | | |
|--|-----------|---|-------|
| | | | |
| Mobile Number | Email Id: | | Photo |
| Address: | 1 | | |
| | | | |
| IADVL Membership Number: | | Date of postgraduate qualification | |
| Period of UG teaching if any (UG teaching is not mandatory for applicants but will be given adequate weightage): : | | Period of PG teaching if any (PG teaching is not mandatory for applicants but will be given adequate weightage) | |
| Research work with details: | | | |
| | | | |
| Publications in indexed journals with | details: | | |
| | | | |
| | | | |
| | | | |

| Dermatology books authored or co-authored by the applicant |
|--|
| |
| |
| Chapters written in standard dermatology textbooks |
| |
| |
| Previous editorial experience: |
| |
| |
| Any other academic experience and qualification |
| |
| A statement of vision by candidate how he wishes to take the journal further during his outing as editor: |
| A statement of vision by candidate now he wishes to take the journal further during his outling as editor. |
| |
| |
| |
| |
| |
| |
| Signature |
| Date |
| |