



GURUDERMA: AN IADVL MENTORSHIP PROGRAM
APPLICATION FORM FOR MENTEES

Dear Sir/ Madam,

I wish to apply for the IADVL Mentorship program, under following mentors (in order of preference)

- 1.
- 2.
- 3.

1. Name:

2. DATE OF BIRTH:

3. AGE as on 1.1.2022:

4. GENDER:

5. IADVL MEMBERSHIP NUMBER:

6. POSTAL ADDRESS FOR CORRESPONDENCE:

7. EMAIL ADDRESS:

8. TELEPHONE NUMBER (with code)

9. MOBILE NUMBER:

10. EDUCATIONAL QUALIFICATION:

QUALIFICATION	MONTH AND YEAR OF PASSING	NAME OF UNIVERSITY	%OF MARKS OBTAINED
M.B.B. S			
M.D.			
D.V. D			

Dr Rashmi Sarkar
President

Dr. Dinesh Kumar Devaraj
Honorary Secretary General

11. MCI REGISTRATION NUMBER:
12. NAME OF THE STATE COUNCIL:
13. ANY OTHER QUALIFICATIONS:
14. ANY FELLOWSHIP / OBSERVERSHIP / MENTORSHIP AWARDED BY IADVL OR ANY OTHER ORGANIZATION NATIONAL: INTERNATIONAL:
15. AREAS OF INTEREST:
16. PRESENTATION AT CONFERENCE IN LAST THREE YEARS NATIONAL: INTERNATIONAL:
17. PUBLICATIONS IN THE LAST THREE YEARS (MENTION CITATION):
18. ANY PARTICIPATION IN IADVL ACTIVITIES (MENTION DETAILS):
19. AWARDS: NATIONAL: INTERNATIONAL:
20. WHY DO I WANT TO JOIN THE MENTORSHIP PROGRAM?

➤ **DOCUMENTS TO BE ENCLOSED**

1. BIRTH CERTIFICATE
2. COPY OF MCI REGISTRATION
3. MDDVL Pass Certificate/Degree or PG Student Certificate from HOD

Dr Rashmi Sarkar
President

Dr. Dinesh Kumar Devaraj
Honorary Secretary General

➤ **UNDERTAKING**

- If awarded the mentorship, I agree to complete by **31.12.2022**
- 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:

Dr Rashmi Sarkar
President

Dr. Dinesh Kumar Devaraj
Honorary Secretary General