

IADVL PG Thesis Research Grants-2022
APPLICATION FORM

**Adequate information must be furnished in a brief but self-contained manner to
enable the assessment of the postgraduate thesis proposal**

Title:

1. GENERAL INFORMATION

Name of Postgraduate

IADVL PLM Number

Postal address for correspondence

:

Email:

Phone (R):

Mobile:

Permanent address

:

Date of Birth

:

Brief CV of the Post Graduate (including educational qualifications as a single page): Yes/
No

2. Thesis Supervisors Information

1. Supervisor:

Name _____

Age _____

Degree _____

Speciality _____

IADVL Membership Number_LM/ _____

Affiliated institute/hospital _____

Mailing address _____

Telephone _____

Email address _____

Present professional activities _____

Attach Brief CV of the Supervisor (including number of publications as a single page):
Yes/ No

3. Co-Supervisor:

Surname	Given name	IAD VL LM Num ber(i f appli cable)	Age	Specialty	Degree	Address	Phone	Signature

4. Give the details of place where the thesis will be conducted:

Name _____ of _____ institution

Postal address _____

Telephone _____

Fax _____

Declaration by investigators:

- We hereby undertake to carry out this thesis Project and submit expense details every three/ six month or when requested.
- We also declare that along with the final report, a report on how money was spent along with invoices of purchased materials will be enclosed.
- We confirm that the proposed thesis is our original study plan and there are no conflicts of interest with a pharmaceutical company or any other individual/agency/organization.
- We confirm we have not applied to any other external funding source for financial assistance for the same thesis project.
- We will abide by all terms and conditions related to grant that IADVL has and will have in future.
- We hereby undertake that in case the thesis is not carried out – the post graduate will refund any amount received
- We also declare that all surplus funds at the conclusion of this Project will be refunded to the Treasurer, IADVL along with any interest that has accrued.
- We also undertake to submit a paper, based on the thesis, for presentation in DERMACON and for publication within one and a half years of completion of the thesis in an indexed journal.
- The Supervisor will be finally responsible and accountable for all aspects of the above project.

Signature of Post Graduate**Supervisor****Co-Supervisors**

Signature of the Head of Institution

Official seal bearing designation & address

Principal/ Dean

Please note

1. The postgraduate has to be Provisional life member and the guide a Life member of IADVL. The guide will not be eligible for 3 years after receiving the grant.
2. The application has to be counter-signed by the supervisor and institution head. Consent to avail the grant and to be a part of the thesis from the Co- supervisor/s has to be included.
3. The applicant, guide and co- supervisor have to give an undertaking that the proposed thesis is their original study plan and there are no conflicts of interest. Also, that they have not applied to any other external funding source for financial assistance for the same thesis and that they will abide by all terms and conditions related to the post graduate grant that IADVL has and will have in future.

