

## APPLICATION FORM FOR DERMASEWA AWARD

*[Please attach the appropriate proof]*

**1. Project Title:**

**2. Project leader:**

*[Project leader has to be an IADVL member]*

**Address:**

**Email id:**

**Telephone no:**

**3. Presentation of the projects**

- a. What does the project consist of?
- b. When did the project start?
- c. What is the type of project?
- d. How long it is running?

**4. Benefits of the project**

**5. Methods of implementation**

**6. Target population**

**7. Innovation**

**8. Competencies skills and partners**

**9. Patient benefit**

**10. Community benefit**

**11. Has it received any funding?**

**12. Describe in brief the work done, number of beneficiaries, other sources of funding.**