APPLICATION FORMAT FOR 2023 AAD SCHOLARSHIPS

(use a separate sheet where necessary)

Application for (Delete as appropriate)	A. Registration Reciprocal Scholarships
	B. Strauss and Katz World Congress Fund Scholarship
	C. Both A and B
PERSONAL DETAILS	
Name	
Date of birth	
Status *(Resident/Faculty in medical college/Independent practicing consultant)*	
Correspondence address	
Email address	
Mobile number	
IADVL Membership number & years of membership	PLM/LM/....
CONFERENCE DETAILS	
Abstract/Synopsis of presentation	Attach abstract/synopsis
ACADEMIC	
Year of passing MBBS	
Institution	
Postgraduate qualification *(MD/DDVL/DD/DNB)*	
Year of passing	
Institution	
Post-qualification experience	
Present position	
Number of presentations at conferences in the last three years *(only presentations at national/international/zonal/state level conferences will be considered)*	
Number of publications in the last three years *(in peer reviewed indexed journals only; weightage will be given to the first two authors/corresponding author)*	
Number of chapters/editors in books *(first two authors only)*	

Awards *(state/zonal/national/international)* *(give details)*	
Participation in IADVL Activities *(e.g. organizing CMEs, IADVL days, health camps, etc.*	Attach necessary proof
How will this scholarship help other IADVL members or your parent department?	
Have you ever received AAD/ Any international scholarship endorsed by the IADVL? *(If Yes, give details)*	
Any information not mentioned above	

DECLARATION

I have not received the AAD or any other international scholarship endorsed by the IADVL in the past.

All statements made above by me are true. If any are found false, I abide by the rules of the IADVL to take appropriate action which may include refund of the scholarship amount and disqualification from future grants/scholarships/awards.

Signature:

Name:

Date:

Place: