



IADVL Kerala

Application Form for IADVL Kerala Best Practitioner Award

Name of the Applicant:	
IADVL number:	Email id:
Address:	Academic Qualifications:
Mob:	

Date of PG Degree:	Date of IADVL Membership:
Years of Practice:	
Contributions to IADVL: Details with proof for the following Office bearer of IADVL Including Committee, Academy and Task force, Organizing IADVL National State and SIG Conferences, Authorship/Editorial board member in IADVL/ other Dermatology Textbooks/ Indexed Journals, Faculty in IADVL conferences /cme / workshop (excluding chairpersons and judges)	
Community outreach activities and others: Give details with proof for following Community based Health Talk/Camps/Surveys/ Services, Office bearers of other recognized Professional bodies (President / Secretary), International / National Awards, recognition and Fellowships in Dermatology, Publications/Academic achievements in non IADVL domain, Other achievements/ Awards from non IADVL domain (Regional/State/National/International)	
Date:	
Signature:	