

Application Form for the Best Teacher Award

Name of the Applicant:	
IADVL number:	Email id:
Address:	Mobile:

Date of PG Degree:	Date of IADVL Membership:
Teaching Experience: (UG/PG)	
Additional Qualification Other than PG Degree/DNB/Diploma	
Presenting Papers/Posters (Proof to be annexed)	
University / Board Examinership:	
Guideship: (MD/DNB Thesis, ICMR Projects, Co-Guide)	
Academic Position: (Professor, Principal/Dean/VC/DME/Joint DME)	
Research and publications:- (Research Grants, Publications in Peer review/Indexed journals as per existing NMC Guidelines, Publication of books)	

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, 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: