



IADVL Kerala

Application Form for IADVL Kerala State Oration

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

Date of PG Degree:	Date of IADVL Membership:
Teaching Experience:	
Oration Topic: (Full Text to be Attached)	
Publications in indexed Journals with details:	
Books Edited, Chapters Authored:	
Previous scientific awards in the field of Dermatology, Venereology and Leprosy:	
Contribution to other areas of medical knowledge/practice:	
Contributions to IADVL:	
Academic Credentials:	
Date:	
Signature:	