



Indian Association of Dermatologists, Venereologists & Leprologists
FORM OF MEMBERSHIP APPLICATION
2014



_____ Branch **IADVL**
(To be filled in Triplicate)
Please Print or use Block Letters Only

CODE NO.

- LM
- PLM
- ILM
- ALM

Affix Pass Port Size
Photograph

To
The Honorary General Secretary
Indian Association of Dermatologists,
Venereologists and Leprologists (IADVL)

Dear Sir,

I desire to become as Provisional Life/Life / Associate Life / International Life member of the Association and if selected, I agree, or abide by the rules and regulations of the Association. I hereby declare that the information provided by me correct and if found incorrect my membership may be forfeited.

Signature of the Candidate: _____

Name in Full (**in capitals**)

Father's name _____

Date of Birth : _____ Age : _____ Nationality _____

P.G Qualifications and year of passing _____
(Must Attach documents)

Medical Registration No. and Authority : _____

Specialty: (Dermatology, DVL, etc) _____

Year of Starting Practice in Specialty : _____ Duration _____

Position holding at present : _____

Permanent Address



Mailing Address :

Phone : National Code No.: _____ Regional (S.T.D) Code : _____ Resi.: _____ Mobile : _____
 _____ Hospital / Work _____

E-mail (Mandatory) : _____

Proposed by: (1) Name & Code No. : _____ LM No.

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Signature of Proposer _____

Seconded by : (2) Name & Code No.: _____ LM No.

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Signature ~~condense~~ _____

• Proposers & Seconder should be life members of IADVL

[I enclose herewith Rs. _____ (In words _____
 _____) by cash/A/c Payee Bank Draff Drawn on _____
 _____ Bank Dated _____]

Place : _____
 Date: _____ Signature of Applicant

- One must join a state branch of IADVL in one's own state, or a neighboring state. One can also become Direct (Central) member, if neither of those two exists.
- Please enclose 3 pass port side photographs (paste one to the application form & attach two more) Do not use stapler pins.

Forwarded to the Hon. General Secretary, Indian Association of Dermatologists, Venereologists and Leprologists, (Through the branch secretary) CFC & JC enclosed.

Place : _____ Branch Secretary
 Address of Branch Secretary
 Date :



TO BE FILLED BY CENTRAL OFFICE

Received CFC & JC, Member is enrolled in Register. YES / NO

L.M.No. _____

ILM/A.L.M/P.L.M _____

(Hon. General Secretary)

To The Editor IJDVL for including in Mailing list

Name of the Applicant :

Permanent Address :

Emailing Address :

**Annexure:****Instructions to Applicant:****1. ANNUAL SUBSCRIPTION:****Applicable from 7th December 2013 for next one year**

Class of membership	Central fund contribution (CFC)	Branch contribution (BC) Rs.	Journal contribution (JC) Rs.	Total + S.T Tax Rs.
Life members	4000	1500	1500	7000 one time
Provisional life members	4000	1500	1500	7000 one time
Associate Life members	4000	1500	1500	7000 one time
Honorary members	Shall not be required to pay annual subscription			
Retired members	Shall not be required to pay annual subscription			
International Life Members	US \$ 700 Life membership			

2. ELIGIBILITY:

- (i) FOR LIFE MEMBERSHIP: The person should possess a Medical Council of India recognized postgraduate degree or diploma or DNB in the specialty of Dermatology, Venereology & Leprology in modern medicine.
- (ii) Provisional Life Members: Only post graduate students undergoing training in MCI recognized medical colleges/ postgraduate courses of this specialty or those pursuing DNB in Dermato-Venereology/DVL are eligible for this category. Please remember to attach a certificate from the head of the department where you are undergoing training. Mention the date of joining date & likely year of

completion. All the PLMs need to submit their degree/ diploma certificate to Hon Gen Secretary's office within 5 years of becoming PLM to become Life members.

(iii) ASSOCIATE LIFE MEMBER: for those who are working in the field of Dermatology belonging to other specialties (Dermatopathologists, Genetic Scientists, microbiologists etc). No voting rights and are not eligible for any executive post in IADVL.

(iv) INTERNATIONAL LIFE MEMBER: Working outside India (NRI & others). No voting rights and not eligible for any executive post in IADVL.

3. A/c payee Demand Draft to be made payable to Indian Association of Dermatologists, Venereologists & Leprologists (IADVL), Payable at Branch Secretary's place. (contact state branch secretary for details before making DD)

Instructions to State Secretaries:

- Retain one copy of completed application at the state branch along with branch contribution (Rs 1,500) amount.
- Send the second and third copy along with CFC & JC to National Secretariat by A/c payee demand draft. (CFC, JC = 5,500/-) in favor of "IADVL" payable at Delhi.

Address of National IADVL Secretariat:

Dr Rashmi Sarkar

Honorary General Secretary, IADVL
Professor, Dept of Dermatology & venereology,
Ward No. 22/23 (Through Gate No.3),
Maulana Azad Medical College and Lok
Nayak Hospital, Bahadur Shah Zafar Marg,
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