

**Application Form For ‘IADVL e-Dermatology Taskforce’
(No handwritten application is acceptable)
(The application has to be submitted in word or .pdf format)**

1	Name	
2	IADVL LM no.	
3	Present or past institutional affiliations	
4	Postal address	
5	Email address	
6	Mobile number	
7	Post applied for (strike off as needed)	Coordinator/Convener/Member/All
8.	Publications on e-Dermatology (please provide the publications in the form of numbered lists).	Pubmed indexed journal
		Pubmed non-indexed journal
9.	Presentations on e-Dermatology (please provide the information in the form of a numbered list)	
10.	Please enlist your experience of incorporating digitization in your practice/ teaching or research	
11.	Any research that you have carried out on e-Dermatology (please provide the information in the form of a numbered list)	
12.	Have you been/ are you a part of any IADVL SIG or specially constituted group? If yes, please provide details	

13.	Have you organized any conference, CME, workshop? If so, please provide details. Also mention what was your involvement in such scientific activity	
14.	A brief statement (3-5 sentences) on why you should be selected as a member of the IADVL e-Dermatology Taskforce	
15.	Declaration of conflict of interest, if any	

Date :

Signature: