

INDIAN ASSOCIATION OF DERMATOLOGISTS, VENEREOLOGISTS & LEPROLOGISTS



IADVL NEWS LETTER

**Vol. 1., Issue No. 2
December 2005**

Along with

MEETING NOTICE

**Agenda of various business meetings
For the closing year 2005 and commencing year 2006 of the IADVL
To be held during the
34th National Conference of IADVL (DERMACON 2006), at Hyderabad
2nd to 5th February 2006.**

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MESSAGE FROM THE PRESIDENT

Dear Friends

A year has passed by since the last annual conference and all of us are looking forward to the DERMACON 2006 the 34th National Conference of Indian Association of Dermatologists, Venereologists and Leprologists.

I am proud to say that I had an excellent team of National Executive office bearers, whose untiring efforts led me to achieve a few firsts during my short tenure. An honest effort has been made and continued to streamline the functioning of the association and it is presently functioning smoothly, transparently, ethically and efficiently. Dr.S.Sacchidanand, my Honorary General Secretary and Treasurer, Dr.S.D.N.Guptha have to be lauded for their untiring efforts in keeping the IADVL flag afloat. I will be failing in my duties if I do not acknowledge the wonderful work done by the Chief Editor of IJDVL, Dr.Uday Khopkar and his Editorial team. They have been successful in indexing our journal in PUBMED. This is by no means a mean achievement.

We have been able to sensitize the Union Health Ministry and the MCI regarding the various problems facing our specialty. We initiated the "Laptop for all" scheme and though it had a luke-warm response initially, later a few hundred dermatologists have bought either computers or laptops. We have been able to initiate for the first time a National level Quiz program for the post-graduate students. The finals will be held during DERMACON 2006 at Hyderabad. We have also initiated for the first time evaluation of Thesis of postgraduate students and award them with incentives. We have also initiated many centres of excellence to start IADVL Training Fellowships. Half a dozen more centres have come forward to start this program for young Dermatologists. We have also been able to bring out a Drug Formulary for the benefit of Practicing Dermatologists and this will be released and distributed during Dermacon 2006. For the first time we will also be starting a Professor's forum during Dermacon 2006 to discuss various problems faced by the teaching faculty.

I must thank my colleagues, past, present and future office bearers for the help extended and efforts made to streamline the working of the association and uplift of our official journal.

Long live IADVL!

Dr. V.P.Kuriyipe (LM/K/1146)
President, IADVL, 2005

President – Elect’s Message:



Dear Colleagues

Wishing you all a Happy and Prosperous New Year - 2006.

This IADVL News Letter enumerates the basketful of activity during the whole year, some of which are MCI Issue, Computer for All, Social Security Scheme, Mid-Dermacon, and also inclusion of Newer Fellowship Training Programmes.

I congratulate Dr.V.P.Kuriyipe, President, Dr.S.Sacchidanand and Dr S.D.N. Gupta under whose guidance, we, the members of the Executive Team have tried our best to make every program successful year.

I also congratulate the Chairmen of the various committees and their members for showing excellent performance in various fields. It will be very difficult for us to match the pace, which last year’s team has maintained in next year too.

Lots of new ideas and projects are in my mind. We shall try to translate them into fruitful endeavors as done by Dr. Kuriyipe and his team. This year - we are meeting at IADVL National Conference i.e. Dermacon 2006 at Hyderabad.

I am glad to note that Hyderabad, after a lapse of nearly 24 years, is host to an annual conference of Indian Association of Dermatologists, Venereologists and Leprologists (IADV&L). I have seen first hand the tremendous efforts put in by the Hyderabad Organizing Committee to give all of us a most joyous and memorable conference. I congratulate AP Branch and the Organising Committee for the same.

Apart from covering various facets of Dermatology, this time IADVL has introduced new awards like Dr. L. N. Sinha Memorial Award for the Best Young Dermatologist and Dr.C.S.Bhavani Kumar Memorial Award for the Best paper presented on Dermatological surgery, Professors’ Forum and Quiz Programmes to widen the Horizon of our Specialty.

Let us get ready to scale to Himalayan heights just like the previous year.

Dr.Suresh Joshipura

Rajkot

President-Elect, IADVL

27 December 2005

SECRETARY'S APPEAL



To all the beloved members of IADVL,

Wish you a very Happy & Prosperous New
Year 2006

On behalf of the Association and the Organizers of the ensuing DERMACON 2006, I appeal to one and all to make it convenient to attend the conference and thus make it a grand success. The 34th National Conference of Indian Association of Dermatologists, Venereologists and Leprologists to be held from 2nd to 5th February 2006 at Hyderabad, has created great expectations and I am sure the Organising Committee and the Scientific Committee are sparing no efforts to make this conference a memorable one.

I am presenting to you the second issue of IADVL NEWSLETTER of December 2005, which contains the minutes of the MIDERMACON held at Hyderabad during July 2005 along with the meeting notice for the ensuing CCM and AGBM for both the closing year 2005 and opening year 2006.

To take part actively and to strengthen the Association, I request each one of you to attend the various Business meetings that will be held during the conference. Please put forward your valuable suggestions and proposals. It is only by your active and constructive participation that IADVL will grow year after year into a strong voice in the field of Dermatology, Venereology and Leprology.

Please find enclosed the time, date and venue of various business meetings of the Association. The meetings are so designed that they will not interfere with your conference programs.

I along with Dr.S.D.N.Guptha will be laying down our office at Hyderabad, ending a long sojourn of four years. In these four years we have learnt a lot from IADVL and I am grateful to IADVL for providing me this opportunity to serve this esteemed organization. I have tried to give the best part of my time, energy and skill to serve IADVL. I must have made some mistakes inadvertently. I seek your pardon for the same. Whatever little we have

achieved in these four years are all because of your constant support, co-operation, love and guidance. I seek the same in the future as well.

Looking forward to meet you at Hyderabad.

Thank you one and all.

Long live IADVL!

Dr. S. Sacchidanand (LM/KT/1937)
Honorary General Secretary
National Executive (2002 – 2005)

TREASURER'S REPORT



Dear Colleagues,

I have tried to sincerely place before you the facts regarding the income and expenditure of the Association during my past four years tenure as Honorary Treasurer from 2002 - 05. Dr.S.Sacchidanand and myself have sincerely tried to consolidate the funds of IADVL during this period. I will present the same during Dermacon 2006.

I take this opportunity to thank each one of you for encouraging me, guiding me and above all giving me this opportunity to serve IADVL. These four years have been years of rich experience and learning. I thank one and all.

Wishing all of you a

Prosperous and Happy
New Year 2006

Thanking you,

Long live IADVL!

Dr. S.D.N. Gupta, (LM/KT/1892)
Honorary Treasurer,
National Executive (2002 – 2005)

MEETING NOTICE

Agenda of various business meetings for the closing year 2005 and commencing year 2006 of the Indian Association of Dermatologists, Venereologists and Leprologists to be held during the 34th National Conference of IADVL, Hyderabad, to be held from 2nd to 5th February 2006.

Dr.V.P.Kuriyipe
President

Dr.Suresh P. Joshipura
President-elect

Dr. S. Sacchidanand
Honorary General Secretary

Notice of the various business meetings to be held during the above conference is hereby sent to all the members of the Indian Association of Dermatologists, Venereologists and Leprologists. All the members are requested to attend the same without fail.

1). Thursday, 2nd February 2006

CENTRAL COUNCIL MEETING for the closing year - 2005

Venue: - Hall D

Time: - 11 AM to 1.00 PM

2). Thursday, 2nd February 2006

ANNUAL GENERAL BODY MEETING for the closing year - 2005

Venue: - Hall D

Time: - 2.00 PM onwards

3). Saturday, 4th February 2006

**COMBINED CENTRAL COUNCIL MEETING & ANNUAL GENERAL BODY MEETING
for the commencing year - 2006**

Venue: Hall D

Time: 4.00 PM onwards

The agenda for the various meetings are enclosed in the following pages. Kindly attend all the meetings without fail.

Sd/-

Dr.S.Sacchidanand (LM/KT/1937)
Honorary General Secretary

AGENDA FOR THE CENTRAL COUNCIL MEETING FOR THE CLOSING YEAR 2005

DATE: -

2nd February 2006 (Thursday)

TIME: - 11.00 AM to 1.00 PM

VENUE: - Hall D; Shilpa Kala Vedika, Hyderabad

- 1) Condolences
- 2) Confirmation of the minutes of Central Council Meeting & AGM held at New Delhi during January 2005
- 3) To adopt the annual report of Honorary General Secretary for 2005, by Dr. S. Sacchidanand
- 4) Audited accounts of IADVL for the year 2005 by Dr.S.D.N.Gupta
- 5) To adopt the annual report of the Chief Editor, IJDVL and audited accounts of IJDVL for 2005
- 6). To consider the reports of
 - a) Awards Review Committee (Dr. R.G.Valia)
 - b) Ethical issues committee (Dr.P.Srinivas)
 - c) Academic committee (Dr. Jayakar Thomas) and
 - d) Therapeutic Guidelines committee (Dr.V.K.Sharma)
- 7) Announcement of the names of Awardees for
 - (a) AAD fellowships
 - (b) IADVL fellowships for the year 2006 and
 - (d) Best Branch award for the year 2005
- 8). To consider the proposals and resolutions made during the MIDERMACON meeting during July 2005 at Hyderabad.
- 9) To consider the proposals and resolutions sent by Branches, Office bearers and members of the Association during 2005
- 10) Declaration of election results held during the year 2005 by the Returning officer Dr. A.K.Bajaj.
- 11) Installation of the New President and his team of office – bearers.
- 12) Any other business matter with the permission of the chair (Not more than two items)

Sd/-

Dr. V.P.Kuriyipe (LM/K/1146)
President

Sd/-

Dr. S. Sacchidanand (LM/KT/1937)
Honorary General Secretary

AGENDA FOR THE ANNUAL GENERAL BODY MEETING FOR THE CLOSING YEAR 2005

DATE: -

VENUE: Hall D, Shilpa Kala Vedika, Hyderabad

2nd February 2006 (Thursday)

TIME: - 2.00 PM onwards

- 1) Condolences
- 2) Confirmation of the minutes of Central Council Meeting & AGBM held at New Delhi on 5th February 2005.
- 3) To adopt the annual report of the Honorary General Secretary for 2005 by Dr. S. Sacchidanand
- 4) Audited accounts of IADVL for 2005 presented by the Treasurer, Dr. S.D.N. Gupta
- 5). To adopt the Annual report of the Chief Editor of IJDVL and audited accounts of IJDVL for the year 2005
- 6) To consider the reports of
 - a). Awards Review Committee (Dr.R.G.Valia)
 - b). Ethical issues committee (Dr.P.Srinivas)
 - c) Academic committee (Dr. Jayakar Thomas) and
 - d) Therapeutic Guidelines committee (Dr.V.K.Sharma)
- 7) Announcement of the names of Awardees for
 - (a) AAD fellowships
 - (b) IADVL fellowships for the year 2006 and
 - (d) Best Branch award for the year 2005
- 8) To consider the proposals and resolutions made during the MIDERMACON meeting held during July 2005 at Hyderabad.
- 9) To consider the proposals and resolutions sent by Branches, Office bearers and individual members of the Association during the year 2005
- 10) Declaration of the Election results held during December 2005 by the Returning Officer, Dr.A.K.Bajaj
- 11) Installation of the New President and his team members.
- 12) Any other business matter with the permission of the chair (Not more than two items)

Sd/-

Dr. V.P.Kuriyipe (LM/K/1146)
President

Sd/-

Dr. S. Sacchidanand (LM/KT/1937)
Honorary General Secretary

AGENDA FOR THE COMBINED CENTRAL COUNCIL MEETING & ANNUAL GENERAL BODY MEETING for the commencing year 2006

DATE: -

VENUE: Hall D, Shilpa Kala Vedika, Hyderabad

4th February (Saturday)

TIME: - 4. 00 PM onwards

- 1). Confirmation of the minutes of the last CCM & AGBM for the closing year 2005 held at Hyderabad on 2nd February 2006.
- 2). Issues relating to the ensuing 35th National Conference of Indian Association of Dermatologists, Venereologists and Leprologists to be held during January 2007 at Chennai (DERMACON 2007)
 - a). Appointment of Dr.Jayakar Thomas as Chairman of the Organising Committee for the conference
 - b). Appointment of Dr.M.Jayaraaman as Chairman of the Scientific Committee for the conference
 - c). Reconfirmation of Dr.K.N.Sarveswari as the Organising Secretary of the conference
 - d). Selection of the C.M.E. topic “ Improving outcomes in the management of Psoriasis”.
 - e). Nomination / Election of Central Scientific Committee members
- 3). (i). To adopt the proposed budget by the Honorary Treasurer for the year 2006. (ii). Appointment of an Auditor for the year 2006
- 4) Selection of the venue for the 36th National Conference of IADVL to be held during January 2008 (DERMACON 2008)
- 5). Nomination of the "Election Officer" for the conduct of 2006 elections
- 6). To elect three judges for selection of suitable young dermatologists for IADVL Training Fellowship 2007
- 7). To elect three judges for selection of young dermatologists for AAD fellowship
- 8). To elect three judges for selecting the Best Branch Award for 2006
- 9). To elect Direct Central Branch members' representatives to the Central Council
- 10). To adopt and recommend any specific matter of resolution for consideration by the new Central Council during the first meeting.
- 11) Any other matters with the permission of the chair (not more than two items permitted)

Sd/-

Dr. Suresh P. Joshipura
President

Sd/-

Dr. S. Sacchidanand (LM/KT/ 1937)
Honorary General Secretary

KINDLY NOTE THAT

(1). The Minutes of the AGBM for the closing year 2004 and the Minutes of the combined CCM / AGBM for the commencing year 2005 was published in IADVL News Letter Vol. 1 / Issue 1 / July 2005.

(2). All branch Secretaries of various branches should apply for the BEST BRANCH AWARD on or before 20th January 2006 to the Honorary General Secretary of IADVL in “triplicate”.

(3). All young Dermatologists who are members of IADVL can apply for various IADVL Training Fellowships on or before 20th January 2006 to the Honorary General Secretary of IADVL in “triplicate”.

(4). Young Dermatologists who are members of IADVL desirous of applying for AAD scholarships should watch out for the announcement in IJDVL

01-02-06 (Wed)	02.00 pm - 07.00 pm	Board Room I	IADVL Textbook Editors' meeting
02-02-06(Thu)	10.00 am - 11.00 am	Board Room I	SARAD Executive Committee meeting
	11.00 am – 01.00 pm	Hall D	CCM
	02.00 pm – 05.00 pm	Hall D	AGM
03-02-06 (Fri)	05.00 pm – 06.00 pm	Hall D	Professor's Forum
04-02-06 (Sat)	02.00 pm – 03.00 pm	Annexe	Branch President's & Secretaries meeting
	03.00 pm – 04.00 pm	Annexe	IADVL Website meeting
		(Next to Meditation room)	
	04.00 pm – 06.00 pm	Hall D	CCM & AGM
05-02-06 (Sun)	02.00 pm – 03.00 pm	Hall D	A.P. State IADVL - AGM

MINUTES OF MID-DERMACON – 2005

July 10, 2005

Venue: Hotel Green Park, HYDERABAD

Dr.V.P.Kuriyipe, President of IADVL, called the meeting to order. The following pre-circulated agenda were discussed and were resolved in the following order.

1). Condolences:

Dr.S.Sacchidanand, Honorary General Secretary, IADVL informed that following members had expired since February 2005

- 1.Dr Abdul Latif –Thrissur
- 2.Dr.T. Sambasivan - Bangalore
- 3.Dr.T.M.Thyagaraj – Bangalore

The house offered 1-minute silence in honor of the departed souls.

2). Welcome speech:

Dr V.P. Kuriyipe, President IADVL welcomed the gathering. He informed that this is a historic moment as officially a MIDERMACON (mid-term meeting of Central Council members) is being held for the first time ever. The purpose of this meeting is to discuss various problems faced by the Association, its members and the specialty. He welcomed the Past Presidents, Secretaries, various State Presidents & Secretaries and special invitees. He congratulated Dr.S.Sacchidanand and Dr S D N Gupta for the work done by them in organising such a meeting.

3). Honorary General Secretary's Report:

Dr.S.Sacchidanand read the report. Copy of this report was circulated to all the members.

4). Honorary Treasurer's report:

Dr S D N Gupta presented the report to the house. He informed the house about the following points:

- (i). IADVL at present has a fund of 1 crore and 10 lakh rupees. Rs 24 lakhs is invested in RBI funds and Rs 24 lakhs in FD at Andhra Bank.
- (ii). He Congratulated the Organizers of DERMACON – 2004, Mumbai conference for their substantial contribution.

(iii). Since Jan 2005 Rs 2,06,000 has been spent on printing, Rs 1,72,000 on Kochi EC meeting & MCI issues, Rs 1,90,000 on IADV L news letter.

(iv). Filing of IT returns are required from the same place and by the same auditor to avoid confusion. He stated that old accounts are not available.

The house discussed these points in detail and following opinions were voiced.

Dr V.N. Sehgal: It is required to have a permanent office at New Delhi. To continue auditing at Bangalore till a Head Quarters is made available.

Dr.Ganesh S Pai: Endorsed the views of Dr Sehgal. It is required to audit the accounts every year.

Dr.K.Siddappa: Permanent auditor is required. Appointment of auditor can be from secretary's place also.

Dr Deepak Parikh: To publish the accounts in IJDVL. Auditor can be from Bangalore.

Dr S D N Guptha: IADV L & IJDVL accounts have to be audited and only auditors fee have to be paid.

Dr.H.Hanumanthappa: No HQs for any of the associations except IMA

Dr.T.N.Chaudhary: Dr Guptha to be the liaison officer for auditing.

Dr B M S Bedi: It is required to work hard to get a head office.

Dr Ameet Valia: To have a local auditor & a permanent auditor & Dr Guptha as head of finance committee.

Dr Amarkanth Jha Amar: Building fund of Rs 8,000 collected by Dr Joshipura to have a land at Delhi. IMA Delhi can give space temporarily. Returns were filed from Patna for 5 years. It is necessary to decide whether to have an office or not and to decide the place & to audit the accounts from secretary / treasurer's place.

Dr R G Valia: Not to spend money on Head Office.

Dr Sangeeta Amladi: To have office anywhere in India. Bangalore is the ideal place.

Dr V.P.Kuriyipe: To have IADV L office in due course of time.

Dr.Chitra Nayak: Central office can deal with membership problems.

Dr.Uday Khopkar: To start with a rented office.

Dr Rui Fernandes: Endorsed Dr.Uday Khopkar's views and to have a permanent staff also. It is not worth to spend money on building. It is necessary to spend money on education of members.

Dr.A.K.Bajaj: To continue Bangalore as the place to submit the accounts.

Dr D K Gupta: A/Cs from 1973 are available and constitutional change is required to submit the accounts from the same place.

Dr Jayadev Betkerur: To form a committee to study the possibilities of having an office.

Dr.R.S.Grewal: To think about office only when finances improves. Till then to have a token office at IMA Delhi.

Dr.Ranjan Raval: To have a rental office at Secretary's place.

Dr. Koushik Lahiri: IADVL HQs is not in the agenda.

Dr.V.P.Kuriyipe: To come out with a detailed proposal during next national executive meeting.

Dr.Jayakar Thomas: To have a rented/own office at secretary's place. To centralize the audit at Bangalore and Dr.S.D.N.Guptha will help in this matter.

Resolution: The filing of IT returns, auditing of the Association accounts could be centralized. It could be done from one place (Bangalore) and it was resolved that Dr.S.D.N.Guptha should liaise with the present Auditors (M/s Srinivasan & Co.) and continue to do so till further changes.

5). MCI issues:

Dr.V.P.Kuriyipe said that:

Dr.P.V.Mathew and himself met the acting President of MCI Dr.Keshavan Kutty Nair. I along with our Honorary General Secretary, Dr.S.Sacchidanand met Hon'ble Health Minister Dr.Anbumani Ramadoss and a Memorandum, which was prepared at Chennai meeting, was submitted. MCI has to include this in its agenda. He Congratulated Dr.V.K.Jain for having been appointed as MCI member. He requested Dr Nitin Vora & Dr.V.K.Jain to try hard. It is also required to sensitize the MCI members about the problems of our specialty.

Dr.V.K.Jain: I will try my level best in MCI to bring dignity, glory and honor to the subject of Dermatology.

Dr.Suresh P. Joshipura: Sensitizing the MCI members by all IADVL members. Curriculum committee chairman has to be sensitized. It has to go to Executive Committee, which can recommend for formation of a sub committee. Other way is through Health Minister. He also added that we have to fight a long battle for achievement.

Dr.C.R.Srinivas: Opposed to have a separate paper & 30 teaching hours and to make things simple.

Dr.K.N.Barua: Students require more teaching in Dermatology. Dermatology should be made a compulsory posting during Internship.

Dr.Vijay Garg: 36 hours teaching and 45 days of posting in Dermatology at Delhi & part of Medicine question paper has Dermatology questions.

Dr.V.P.Kuriyipe: Our IADVL members who know the MCI members should sensitize them.

Dr Koushik Lahiri: If Eye / ENT can have a separate paper why not Dermatology. We should take the responsibility to have a separate paper. Dermatology should be made as a compulsory posting during internship.

Dr.V.P.Kuriyipe: It is important to show our presence in MCI.

Dr.R.S.Grewal: Complimented the efforts. We have to be objective & scientific. Requirements in MCI include proper staffing and to have guidelines regarding curriculum. Lobbying is also required in MCI.

Dr.K.Siddappa: First it is necessary to get inside the MCI.

Dr.Hemangi Jerajani: Leprosy has to be managed by Dermatologists now so also HIV & STIs. These points have to be highlighted in MCI.

Dr.Yogesh Marfatia: To have theory and practical exams at institutional level.

Dr.Koushik Lahiri: Dermatology cases have to be discussed by dermatologists.

Dr Nitin Vora's role & Dr.Tandon are important.

Dr.Ranjan Raval: To approach MCI directly and also to approach through government.

Dr.D.G.Saple: Dermatologists are lying very low.

Dr Mishra (Lucknow): No proper staffing in various Medical Colleges. More appointments are required. It is required to update the departments.

Dr.Sangeeta Amladi: Academic committee has already suggested the staffing and curriculum.

Dr.Amarkant: To have practical and theory exams.

Dr.Jayakar Thomas: Health minister has agreed to implement compulsory rotating internship in Dermatology from January 2006. Other things will be looked into in a stepwise manner.

Resolution: It was resolved that a concerted efforts by all concerned members should be made to bring to the notice of MCI, the various problems faced by our specialty. This should be an ongoing process and should not be a half-hearted effort.

6). Membership Drive:

Dr Chitra Nayak-Responsibility of the HOD's to enroll the PGs who are passing out as LM of IADVL.

Dr.D.V.S.Pratap: -Difficulty to get membership forms & distributing them. This should be corrected.

Dr.K.Siddappa: HOD's should make all PGs Associate members first.

Dr.A.K.Bajaj: Already lots of people attend conferences. It is not necessary to force individuals to become members. Also to make Life Associate members for those who are practicing Dermatology since long time.

Dr.V.P.Kuriyipe: It is necessary to make all qualified Dermatologists to come under one umbrella of IADVL & Dr.Suresh P. Joshipura can be made as convener for this membership drive.

Dr.T.N.Chaudhary: It is up to the Dermatologists to become members. Do not force them.

Dr.C.R.Srinivas: It is the responsibility of the HOD's to take the initiative to enroll all those who have passed from their institutions as the members of the association.

Dr.Kathyayan Mishra: Not to force anybody to become members. Non-qualified members should not be allowed to become members of IADV L.

Dr.Arijit Coondoo: Not to go behind anybody.

Dr.C.R.Srinivas: To send the membership forms to local Dermatologists.

Dr J Das (Guwahati)-some non-qualified people mention as Members of IADV L on their boards and practice.

Dr.C.M.Kuldeep: There are around 5000 members. It is necessary to screen out for regular members. HOD's cannot compel the PGs to become members. Only members should be given subsidy in Registration fees.

Dr.P.C.Chandel: Not to force anybody.

Dr.V.P.Kuriyipe: We are not forcing anybody to become members.

Dr.Uday Khopkar: To send an appeal along with a copy of complimentary IJDVL and a letter directly from the president.

Dr.Koushik Lahiri: Membership should be restricted only to qualified Dermatologists. Those who are interested can only attend the conference.

Dr.T.N.Chaudhary: To send the appeal through State Presidents and Secretaries.

Dr.K.N.Barua: Quality is more important than numbers

Dr.Amarkant Jha: In the registration forms of National Conferences LM number of IADV L should be mentioned compulsorily.

Dr.Chitra Nayak: Many members do not have LM numbers. This needs to be rectified.

Dr.Yogesh Marfatia: To have IADV L stall during National Conferences.

Dr.S.Sacchidanand: Membership forms are given during the Annual General Body meetings. Photocopying also can be done. Forms are also made available on the official IADV L website. It is sad that some of the Branch Secretaries are not communicating with the Central Head Quarters. It is necessary for Secretaries and Presidents to be more Pro-active and not to occupy the posts just to decorate it. For quick and better communication Presidents and Secretaries of various State branches to compulsorily have Email IDs and mobile phones

Resolution: It was resolved to enroll the Post-graduate students as soon as they complete their diplomas / degrees. Professor and Head of the Department of Dermatology should ensure that the postgraduates become life members immediately.

7). Computers for all:

Dr Kuriyipe: Dr Sacchidanand, Dr K Lahiri & Dr.S.Criton are the members of the committee. Compaq has come forward. 1300 members have opted for computers.

Dr.S.Criton: Presented computer/laptop for all project; Negotiated with companies & bank. Compaq, Toshiba, IBM & Acer have participated. Amongst them Compaq was selected because of good price offer, service & guarantee

HDFC& Canara Bank offered to finance. Canara Bank has offered 8% interest without any margin money and without any insurance on computers. Advantages of Canara bank include low interest rate & Wide network. IADVL act only as a facilitator. Laptop worth about Rs.67,000/- is available for Rs. 57,000/- with additional 2 years warranty, thus net savings of Rs. 20,000. This offer is available only for Dermatologists.

Dr Ganesh S Pai: Whether IADVL gives the guarantee in case of nonpayment?

Dr Kuriyipe: No IADVL will act only as a facilitator.

Dr Ameet Valia: To add digital camera and & to provide dermatologists software for practicing in their clinics.

Dr.S.Criton: Subsidized rate on other additional features also & to develop Dermatologists software soon.

Dr Mathews: Quality of the Laptop is very good with Wi-Fi system.

Dr.Chetan Patel-what about services?

Dr.S.Criton: Guaranteed for 3 years. HP will take services of local dealers.

Dr. Nitin Valia: Complimented for 3 years warranty.

Resolution: “Laptops and Computers for all” scheme was launched to facilitate our members to avail both Laptops and computers at a reasonable price. It was also aimed to make our members more computers savvy. The scheme would end within three months (Nov 2005).

8). Social security scheme:

Dr.S.Criton: Narrated the background.

Dermatologists need for some sort of help during hours of crisis. Financial crisis would ruin one’s life. It is needed at critical time when relatives and friends may not be able to help.

Highlights of TATA AIG-Health First Scheme:

Health first –individual policy

(a). Covers the disease

(b). Provides support for hospitalization, surgery and convalescence

- (c). Same premium for 5 years
- (d). Death benefit of 2.5 lakhs
- (e). Positioning of the product is in between LIC and Mediclaim
- (f). No provision for disability
- (g). May be added at an extra cost

Operational-company personnel will meet individual doctors. Association will supervise the operations. Association can contribute to the policy.

Dr V P Kuriyipe: Not to force any members

Dr Chitra Nayak: whether family is covered?

Dr.S.Criton: Yes, at an additional premium

Dr.Koushik Lahiri: Add professional indemnity also

Dr. Chetan Oberai: Companies raise various questions when approached individually. Whether admission is a must?

Dr.S.Criton: Admission is not compulsorily.

Dr.D.G.Saple: What is the advantage by going through the association?

Dr.S.Criton: Lock in period of 3 days is not present. 2.5 lakhs life benefit is also additional benefit.

Dr.Sangeeta: Any subsidy in the premium being offered?

Dr.Arijit Coondoo: IT benefit is available or not?

Dr.S.Criton: IT benefit is available

Dr.Manmohan: What is the upper age limit?

Dr.S.Criton: 65 years.

Dr R G Valia: New India Insurance covers up-to the age of 80 years.

Dr.T.N.Chaudhary: IADVL should collect money from members.

Dr Chetan Oberai: -Is it possible to collect through state branches?

Dr.S.Criton: IADVL cannot take the responsibility of collecting the premium amount.

Dr.V.P.Kuriyipe: Ophthalmologists have such insurance through the association. MetLife provides group insurance of that nature.

Dr Chetan Patel: Narrated Social security scheme and Health Insurance scheme & its success in Gujarat and IMA. It is good to have our own company.

Dr.V.P.Kuriyipe: It is a great problem for IADVL to have it's own company.

Dr.S.Criton: We do not have a central office.

Dr K Mishra: What about for those who already have Mediclaim?

Dr.S.Criton: It is for those who do not have.

Dr.P.C.Chandel: Group insurance is better.

Dr.Suresh P. Joshipura: We have to be careful that no claims are rejected

Dr.K.Siddappa: It is necessary to study 1990's proposals also.

Dr. Nitin Mukherjee: Whether the company makes any advance payment?

Dr. Jayakar Thomas: -Most of the major hospitals agrees for insurance.

Dr.Yogesh Marfatia: IMA insurance is running successfully.

Dr Chetan Patel: Presented IMA SS Scheme. Member need not pay after 25 years of payment. Health part is Rs 40 per claim. Only interest is used to run the day-to-day expenses.

Dr Satish Udare: -Difficult to collect money. Company may close.

Dr.C.R.Srinivas: We require a central office and staff to run the scheme successfully.

Dr.P.C.Chandel: IMA SS scheme is good. But to sustain it requires a good number of members.

Dr.P.V.Mathew: Those who already have Mediclaim, IMA SS may not join this scheme. IADVL does not have any commitment.

Dr.T.N.Chaudhary: Wrong decision is better than indecision. He advised to start a scheme through an insurance company of repute.

Resolution: House decided to go ahead with the proposal. Dr.Criton to speak to the companies and work out a good scheme for the benefit of the members

9). Reports of various committees:

A). Academic committee:

(i). Curriculum for UG/PG has already been published in the IADVL newsletter. (Dr. Jayakar Thomas)

(ii). CME hours accreditation: All CME programmes should be under IADVL banner. No financial commitment for IADVL

Suggested: National conference (DERMACON) CME: 6 credit points.
Zonal (DERMAZONE) / State (CUTICON) CMEs: 3points

Guidelines

- 1). Under the banner of IADVL
- 2). Full day programme at-least for 6 hours.
- 3). At-least 2 speakers / Chairpersons should have 15 years of PG teaching experience.
- 4). Complete proposal of the CME should be sent to the president 6months prior to the CME.
- 5). Reply by the President 8 weeks before the CME
- 6). Organizers should send the detailed report of the CME with audited accounts.
- 7). President will send the accreditation certificates.

Dr.Deepak Parikh: If it is rejected reasons have to be given. Why audited accounts are required? Can it be co-hosted?

Dr C R Srinivas: To be discussed point by point.

Dr.T.N.Chaudhary: Conferences also should be accredited points.

Dr.Chetan Oberai: What about workshops and conferences?

Dr Jayakar Thomas: 6 points for CME & 6 points for the conference can be given.

Dr C R Srinivas: There are various other CMEs organized by other associations. What about them?

Dr R.S.Grewal: What about symposia & seminars?

Dr.Jayakar: Everything can be included and CME points accorded.

Dr Deepak Parikh: How many points are required? What about _ day programmes? 1 Hr – 1 point is ideal & simple.

Dr. Koushik Lahiri: Hours of CME accreditation was printed during Kolkata conference (national).

Dr.T.N.Chaudhary: What about IMA & other association CMEs?

Dr.C.R.Srinivas: MCI specifies 30 hrs CME credit in each specialty.

Dr.S.Criton: No guidelines formulated as such. Now hours can be printed on the certificate itself. National level CMEs will have more points than state level CMEs. 15 years of PG teaching for the speakers is unacceptable.

Dr.C.R.Srinivas: It is difficult to get confirmation of the number of years of teaching experience from the speakers / Chairpersons.

Dr. Jayakar: 15 years of PG teaching experience can be removed.

Dr Nitin Valia: Number of hours can be accredited instead of points.

Dr.Deepak Parikh: Accreditation should be given earlier itself and the certificates can mention the number of hrs in the certificates.

Dr.R.S.Grewal: 6 months earlier is too stringent.

Dr.Jayakar: It can be changed to 3 months and 4 weeks. (President/secretary)

Dr.S.Criton: Vice president can take the accreditation work.

Dr.C.R.Srinivas: Accountability is required.

Dr.Ameet Valia, Dr Sangeeta, Dr.A.K.Bajaj, Dr.Nitin Mukherjee and Dr.Hema Jerajani also gave their opinions.

Dr.A.K.Bajaj: All these are complicated & need to be simplified.

Dr.Jayakar: Financial accountability can be removed.

Dr.R.S.Grewal: MCI guidelines have to be followed.

Resolution: It was resolved to work out a scheme to start giving accreditation to CME programs at local, state, zonal and National levels. The CME's should be recognized by IADVL. Academic committee should work out this proposal in greater detail.

B). Award Review Committee report:

We have at present 12 Award papers being presented in One and a half hours & 6 prizes being given away. During Award paper session, judges should be allowed to ask questions.

Dr. Deepak Parikh: No questions should be allowed.

Dr.J.S.Pasricha: Conclusions have to be cross-questioned.

Dr.B.M.S.Bedi: Orations & guest lectures. Questions are not allowed. For award papers judges can ask questions.

Dr.Ganesh S Pai: Only judges can question justification of the conclusion.

Dr.Hema Jerajani: Only names of the presenting authors should be mentioned.

Dr.D.M.Thappa: In Abstract book names of all the author's names are published. No secrecy is maintained.

Dr.Rui Fernandes: Takes more time if questions are allowed.

Dr.K.Siddappa: Already there is a provision to ask questions by judges. but it is not practiced.

Dr.D.V.S.Pratap: The Award papers should be scrutinized.

Dr.V.N.Sehgal: Everyone should be allowed to ask questions.

Dr.T.N.Chaudhary: An undertaking by the presenter that work is done by him only should be obtained.

Dr.V.P.Kuriyipe: Judges are allowed to ask questions & this will be implemented in Hyderabad conference (House accepted this resolution)

Dr.R.S.Grewal: To have more papers in the award paper sessions.

Dr. Sangeeta Amladi: Is it possible to divert the awards to poster session?

Orations:

Dr.J.C.Shroff oration is changed to Dr.J.C.Shroff award to a senior dermatologist on 1st day of the conference. Oration should be given for any person once in a lifetime. Dr.J.S.Pasricha & Dr.V.N.Sehgal opposed it but Dr.A.K.Bajaj supported it. Later on lifetime achievements & awards also can be given.

Dr.R.G.Valia: Oration may or may not have been published. Scientific committee of the conference selects the award of different orations.

Names of Fulford & Glaxo orations have to be changed to IADVL-Fulford & IADVL-GSK orations. No Organizing committee & IADVL executive committee members should be awarded the orations during their tenure as office-bearers. Honorary General Secretary suggested writing to the Pharma Companies to deposit extra money as per the guidelines of the Award/Oration Committee.

Fellowships:

To be allotted only on the basis of merit. President, Honorary General Secretary or Scientific Committee Chairman to decide on this. Award amount has to be increased. Number of institutions can be increased & reviewed periodically.

No new medals & Orations.

Minimum amount provided to the Fellowship trainees should be Rs.5,000/-. Poster award also to be Rs.5,000/-.

To raise the amount:

New Donors should be requested.

In some cases IADVL also can give the money e.g.: Dr.B.M.Ambadi Oration & Dr.K.C.Khandari Award.

To delete the award and prizes if the original donors refuse

Dr.V.P.Kuriyipe, Dr Satish Udare disagreed on deleting the awards & Dr.R.S.Grewal warned about legal problems if deleted. Dr.A.K.Bajaj opined that all orations should carry the same amount.

Dr.C.R.Srinivas suggested combining orations, which was rejected by members.

Dr.K.Siddappa, Dr.V.P.Kuriyipe & Dr.P.V.Mathew opined to continue these orations, as it is a sentimental issue. Dr.Patnaik suggested that former students can be asked to contribute or IADVL has to bear the expenses.

Dr.R.G.Valia suggested to increase the number of research awards, new fellowships & sponsored guest lectures. The committee also recommended having travel fellowships for PGs for annual conferences. Revision of the amounts should be done once in 5 years. Suitable amendments are required in the constitution.

Dr.D.K.Gupta: It is necessary to introduce superspecialties in various sub specialties of dermatology.

Resolution:

(a). It was resolved to increase the number of IADVL Training Fellowship centres.

(b). It was resolved that IADVL should bear the cost for conducting and awarding Dr.B.M.Ambadi oration and K.C.Kandhari Award and J.C.Shroff Award. It was also resolved to write to GSK and Fulford India Ltd to contribute at least Rs.5,00,000/- lakhs towards the IADVL – GSK and IADVL – Fulford orations.

(c). It was resolved to increase the IADVL Training Fellowship amount to Rs. 5000/-.

(d). Revision of the amount to be given for various awards should be revised once in 5 years.

C). Therapeutic Guidelines Committee:

Dr.Hema Jerajani informed the house that meeting is arranged on 20-21st of Aug at Delhi and the report will be submitted subsequently.

D). Ethical issues committee:

Dr.P.Srinivas informed that 3 issues are being focused and he informed the house that he is willing to publish a small booklet on Consumer Protection Act.

- 1.Quackery
- 2.Consumer Protection Act
- 3.Ethical discipline

Dr.J.S.Pasricha: Annual conference not quoted in newspapers. Nowadays newspapers and television channels carry lot of advertisements on various cosmetic products. These send wrong signals to the community. IADVL should take up this matter and educate the public.

Dr.Yogesh Marfatia: Consumer awareness programmes are conducted in Gujarat through Television media.

Dr.S.Criton: Magical remedies act allows such things so it is necessary to educate public.

Dr.S.Sacchidanand: Bangalore Dermatological Society is contemplating on publishing articles by Dermatologists every week in Times of India to educate the general public.

10). Introduction of new Awards from the current year:

(To be implemented during DERMACON 2006, Hyderabad)

Resolution: Introduction of two new Awards, Dr.L.N.Sinha memorial award for Young Dermatologist below the age of 45 years & Dr.Bhavani Kumar memorial award for the best paper presented on the subject of Dermato-surgery during the conference.

Dr.Devesh Sinha agreed for the change in rules and pointed out that the upper age limit should be 45years and not 35 years as published in DERMACON brochure.

Dr.R.G.Valia suggested that the awardee is selected viewing the overall academic achievements.

Dr.Bhushan Kumar opined that it should be awarded to a dermatologist with good academic background.

Dr.Sangeeta suggested removing the age limit.

Dr.Nitin Valia opined that all the new awards should be for 10 years & then it has to be reviewed.

11). Award proposed by Systopic laboratories:

To institute awards for young dermatologists: 2 per zone. However house rejected the proposal since there were many Awards for young Dermatologists already.

12). IADVL training fellowships:

(a). Dr Suresh P Joshipura suggested that we should increase the number of IADVL sponsored training fellowships both in number of beneficiaries and the number of centre imparting these. He also suggested that new training fellowships could be started in the fields of Dermato-Surgery, Cosmetology, Paediatric Dermatology, etc. He pointed out that Dr Sacchidanand had already highlighted these points during his Secretarial Speech at New Delhi. (Source - Page No.28 – Point No.10 of IADVL NEWS LETTER Vol.1, Issue 1).

SARAD exchange programmes.

Role of SARAD: To provide Financial & organizational support. IADVL only has to endorse it. Dr.Hemangi Jerajani suggested that even exchange programme can be with other than SARAD Countries also, where super-specialized training centres are available for example; in Trichology. It was decided to chalk out the details during the Hyderabad conference during the Executive Committee meeting of SARAD.

Dr.Uday Khopkar's suggestions:

- (i). Expansion of the existing fellowships.
- (ii). Faculty exchange programs
- (iii). Best Department award
- (iv). Best dissertation award
- (v). IADVL National Quiz program

Dr.V.P.Kuriyipe thanked Dr Uday for his innovative suggestions. Dr.Uday Khopkar, Dr.S.Sacchidanand and Dr.Suresh P. Joshipura to discuss the formalities.

Dr.R.S.Grewal urged to implement these good suggestions forthwith.

Dr.Hema Jerajani suggested having arrangements with foreign speakers for overseas fellowships as well.

Resolution: Academic committee (Dr.Jayakar Thomas and Dr.S.Sacchidanand) to look after the fellowships and select possible centers for the same after calling for applications from various interested institutions.

13). All India Quiz Programme:

Dr.S.Criton's Proposal:

Aim: To popularize IADVL among Postgraduates. To provide a competitive platform for Post graduates.

Participants: PGs from all over India.

Mode: 5 Zonal quiz programs & Grand finale during DERMACON 2006.

Participating Post-graduate students will be provided with travel and accommodation. They will also receive participation certificates as well. President's Gold Medal will be awarded to the winners at Hyderabad. It is a prestigious IADVL sponsored program. Hence an important slot to be allotted during the finalization of the scientific program of the conference.

Dr.V.P.Kuriyipe: suggested that expenses will be borne by M/s GSK and they are ready to take care of the logistics of the quiz program at all levels. Finals will be held at Hyderabad during DERMACON 2006.

Dr.C.R.Srinivas: Initial round can be through web conferencing in order to minimize costs.

Dr.Jayakar: It may be difficult initially.

Dr.Ganesh S. Pai: Instead of zones, individual states can be given a chance to conduct the programs locally.

Resolution: House agreed for the proposals and it was decided that IADVL will sponsor the President's Medal. The logistics of arranging the Quiz program to be provided by M/s. GSK. The quiz program could be named as IADVL – GSK National Quiz Program.

14). DERMACON – 2006, Hyderabad:

Brochure was released during the meet.

Dr.V.Gowri: Requested everybody present to keep in touch through the website www.dermacon2006.com

Dr.A.K.Bajaj: To include president elect in Central scientific committee. Speech by the outgoing president should be for 3 minutes & incoming president for 7 minutes during the Inaugural Function.

Dr.V.P.Kuriyipe: Inaugural programme should be finalized much before the conference & President of the organising committee should also be invited on the stage during the inauguration.

Dr.K.Siddappa: Both incoming as well as out going presidents should be on the stage.

15). IADVL Drug Formulary:

Dr.V.P.Kuriyipe: Suggested to have a IADVL Drug Formulary with indications / dosages of various drugs used by Dermatologists. Academic committee was entrusted with the work of bringing out this formulary and to be released during DERMACON – 2006.

Resolution: Dr.Jayakar Thomas was entrusted with the job of bringing out this drug formulary and it has to be released during DERMACON 2006 at Hyderabad.

16). IADVL Professors Forum:

It was resolved to hold a meeting of Professors (HOD's) of various Medical Colleges at Hyderabad, during DERMACON 2006 to highlight and focus on the problems faced by the teaching faculty and also sensitize them for the MCI Issues and prepare for the proposed Workshop for MCI. Same way, we can have Consultant Forum (Practitioner Forum) in future.

Resolution: Dr.S.Sacchidanand to organise this meet during DERMACON 2006

17). IADVL website:

Founder of IADVL website: Dr.P.V.Mathew
Presently maintained by Dr.Uday Khopkar

Dr.P.V.Mathew presented the various contents and highlights of the website.

Dr.V.P.Kuriyipe told the house that Dr.S.Sacchidanand will take over the charge of the website and update it.

Dr.Koushik Lahiri presented the need for a good website & also presented the need to have a membership drive. He suggested that there should be zonal coordinators. He also suggested having 1 or 2 midterm meetings every year.

Dr.Sangeeta opined that vision statement is required. There should be chat areas also. Data entry software / image media software to download should be available.

Dr Chitra Nayak enquired about sending the journals abroad to members.

Resolution: Dr.Koushik Lahiri was entrusted with the job of updating the official website of IADVL

18). MIDERMACON:

Dr.T.N.Chaudhary opined that henceforth City branch President should be informed about the Mid-Dermacon meeting so that he will have the privilege of welcoming the Central council members.

Dr.Jayakar Thomas informed the house that he is ready to host Mid-Dermacon next year at Chennai. The house agreed to this proposal.

Dr.Arijit Coondoo: suggested that Mid-Dermacon should be a 2 days affair. He insisted that National conference to be conducted during December month itself.

Dr.V.P.Kuriyipe announced that Dr Reddy's have agreed to sponsor Mid-Dermacon for next 3 years at Hyderabad.

Resolution: It was resolved to hold at least 2 Executive committee meetings and one Central Council meeting every year.

19). Dr C R Srinivas proposal of conducting CME at a nearby place to the conference venue was rejected by the house.

20). Other matters:

A).Proposals by Dr.Koushik Lahiri:

1. To institute awards like best department (academically), best city branch award, best non teaching department award

It was decided to take up this issue during Professor's forum meeting during DERMACON 2006 at Hyderabad.

2. **Mid term ECM:** At least one, if possible two meetings to be held. To hold it as a yearly affair and **attach some legality/sanctity to the meeting.**

). Proposals from IADVL, WB State Branch by President Dr. Arijit Coondoo

(1) Membership criteria:

In the IADVL constitution (Part-I: Rules and Regulations, Clause 5 : Classes of Membership, under section ii) Ordinary members, page 3) it is written that ...Medical practitioners...have been engaged in the Practice... of the specialties of Dermatology, Venereology and Leprology for a period of at least two years are eligible of ordinary membership. We should amend the constitution and scrap these criteria, as through this loophole many unqualified non-specialists have become members of IADVL.

esolution: It was resolved not to enroll any non-dermatologists (without either a diploma or degree in the subject of Dermatology, Venereology & Leprology) as members of IADVL.

).We should phase out **Ordinary membership** and **Associate membership** gradually

esolution: This is a matter of constitutional change and needs the approval of AGBM. Hence it is referred to the GBM at Hyderabad.

). Selecting Chairpersons of different scientific sessions of DERMACON:

The existing protocol / norm **of inviting names from different state Presidents / Secretaries** for probable Chairpersons, must be followed and respected. Selection of Chairperson must not be guided by whims of any individual. Some specific criteria may be mentioned in the constitution.

Resolution: It was resolved to stick to the guidelines and rules laid down in the constitution.

Dr.Yogesh Marfatia stressed the need to have communications with NACO in the field of HIV & STIs.

Dr.P.C.Chandel urged to restrict the number of delegates in the national conference.

Dr.S.Sacchidanand stressed the role and efforts of the Honorary Treasurer and asked to invite the treasurers also for the EC meetings of the IADV L.

Dr.D.K.Gupta: Thanked the President Dr.V.P.Kuriyipe & the organizers and the sponsors Dr.Reddy's Laboratory for the various arrangements during Mid-Dermacon.

Dr.V.P.Kuriyipe thanked one & all for their active participation.

NEW PROPOSALS & RESOLUTIONS RECEIVED DURING 2005:

I). Dr. R.G. Valia (LM/M/)

Constitution of a central finance committee of IADV L RESOLUTION

(1) A central finance committee should be formed. It should consist of President of IADV L, Honorary General Secret and Treasurer of IADV L, and Auditor of IADV L at the Centre (HQ).

(2) It should budget the financial commitments of the centre, every year.

EXPLANATION

The recommendations of constitution amendment committee, which have been accepted by the central council and general body of IADVL, the proposed modifications of the rules governing the awards, prizes, orations, training, fellowships suggested by the committee appointed for the purpose and accepted by the midyear meeting of the central council, involve financial commitments. The proposal for SAARC and British Association of dermatologists, IADVL exchange programmes may have a financial component.

The committee has to scrutinize the accounts of the Annual IADVL conference, as per the accepted suggestions of the constitution amendment committee. The committee may consult, co-opt or call the IADVL conference organizing committee Chairperson, Secretary or Treasurer for the purpose.

The scope of the committee goes beyond the duties of the Treasurer of IADVL - Center. This resolution aims to systematically review the finances of IADVL - Center annually and put forward the report of the proposed finance committee, which should be incorporated in the Honorary General Secretary's report.

II). A K Bajaj, Allahabad, UP, (LM/UP/)

(i). Legal sanctity should be given to the issues where consensus is reached during the Middermacon because the same people virtually attend the meeting during the annual conference

(ii). In case there is a need for constitution amendment it should be ratified by the AGM

(iii). During elections the Biodata of all the candidates can be either published in the IADVL news letter as is done in API rather than individual candidates writing to all the members. This can save a lot of money to be spent by contesting candidates.

III). Dr.Nitin Mukherjee, Vice-President, National IADVL (LM/WB/)

1. An organizer of our conference only knows the problems of sponsorship. So will it be practical to have two-national conference in one calendar year?
2. As an organizing secretary of two national (29th national conference of IASSTD and AIDS) conferences and also zonal and state level conferences, I am fully aware of the post conference attitudes of the sponsors. They used to keep the barrel of the gun only on 2-4 chair holders. Is it practicable for those 4 to satisfy all of them- where expected return is minimum 8 times more the amount given for the conference so my proposal is

During national conference let central committee to take the responsibilities of sponsorship for the main events like food part delegate kit, venue charges etc. or the registration fees should be minimum 4-5 thousand which is the minimum expenses against one delegates if calculated. (4 lunches, 3 dinners, delegate kit and add the venue charges against the number of delegates).

If we are really worried of the mammoth gathering I personally feel that the **registrations and admission of accompanying persons can be burred in true sense of the term.**4000 delegates and 2,500 accompanying persons is

really unmanageable. We are more interested in personal sponsorship, and today's marketing policy favor this. So unless we can restrict this **tourist delegates** it will become out of control of IADVL and days might come when we shall have to term DERMACON in the name of any pharma house.

Pharma industries (**stall owners**) must not be allowed to display other than scientific and product-oriented materials from their stalls to satisfy the accompanying persons. If they intend to do so let them take another stall a bit away from the original area for games, cosmetic gifts etc. with the separate contribution. Obviously the **HOSPITALITY** counter should not be included amongst them.

The Organising committee must organise the site seeing tours, only after the conference. No pharma industries should be allowed for the site seeing during the conference from the premises organized by them. It positively attracts the delegates more than the conference itself.

CC members present in the conference but absent during the meeting without any reasonable ground of absence should not be allowed to be cc member. (whoever he may be) for coming 3 years

I do agree that IADVL Special Interest Groups (IADVL SIGs) should exist. but if extreme specialties in course of time come up what will be the number of attendances in DERMACON-the original national conference of IADVL? How many conferences in a year can be attended by a doctor specially depending only on practise? Will the pharma houses agree to sponsor the conference and the delegate throughout the year? If so when they will get their return?.

However, all these are my personal thinking-not from our branch. What I felt as an organizing secretary I have narrated all those. Only the wearer knows where the shoe pinches.

IV). Dr.S.Sacchidanand, Honorary General Secretary, (LM/KT/1937), Bangalore

(i). To change the nomenclature of MD degree in Dermatology as MS in Dermatology, STD and Leprosy since we dermatologists are performing lot of Dermato-surgery procedures. We no more need to be an allied subject of General Medicine.

(ii). To uniformly change the nomenclature of the Department of Dermatology as follows: Department of Dermatology, S.T.D & Leprosy throughout the country. At present various nomenclatures are in vogue leading to lot of confusion amongst the professional colleagues and lay public. (Department of Skin & S.T.D; Dept. of Skin & VD; Dept. of Dermatology & Venereology etc.,)

(iii). To enroll Post-graduates compulsorily as Associate members and encourage them to quote their AM numbers for participation in Award paper session, presenting Free papers during local, zonal and national conferences, poster presentations, to participate in the Quiz programs and to apply for IADVL Training fellowships. Non-members should not be allowed to participate in any of these programs.

V). Proposals from Dr. Koushik Lahiri (LM/WB-2503)

1. Total membership drive:

- We can introduce some **encouragement package** for the branch showing **maximum increase in percentage** of new members in a year. This will be in addition to the 'best branch award'.
- We can take the help of leading and serious derma-Pharma companies in this regard.
- Our goal is to reach/approach all non-member qualified dermatologists (**NMQD**) in the country **within a year** and make them members of IADVL **within another year**.
- Some core IADVL persons can be deputed as '**zonal/state level coordinators**' to facilitate membership drive. As discussed in Kochi **EC Midermameet**
 - South Zone: **Dr. Ramesh Bhat**
 - East Zone: **Dr. Nitin Mukherjee**
 - West Zone: **Dr. Sangeeta Amladi**
 - North Zone: **Dr. Atul M. Kochhar**
 - Central Zone: **Dr. Mohan Gupta**
 - Army: **Dr. Manas Chatterjee**
- The coordinator giving the best result will be rewarded.

2. Encouragement schemes:

- To stimulate and motivate members to be involved in serious and productive academic exercise we may introduce encouragement packages like
 - National Quiz,
 - President's medal,
 - Best department (academically) award
 - Best non teaching department award
 - Best city branch award

3. Derma-clubs/societies

- Phase out derma-clubs, derma-societies and recognize them as city/town units of IADVL under a state branch.

4. Midterm meetings

- a. **MIDERMACON**- Considering the mammoth and often unmanageable size of our National conference we can have two sessions (Winter and Monsoon) This midterm session can be named **Midermacon**
- b. **EC Midermameet**

- The Central Executives should meet at least once in a year between two DERMACONS.
- The Central Executives should meet the state Presidents and Secretaries at least twice in a year preferably during this Dermacon and again during midterm CC.
 - Attach/provide some legal authority/ sanctity to these meetings by necessary amendments of the constitution. Otherwise the whole exercise becomes futile.

c. **CC Midermameet**

As per the IADVL constitution we will continue to organize at least one **CC Midermameet** following the Hyderabad 2005 formula.

5. **IADVL Special Interest Groups(IADVL SIGs)**

- d. Vitiligo SIG
- e. Psoriasis SIG
- f. Pemphigus SIG
- g. Contact Dermatitis SIG
- h. Atopic Dermatitis SIG
- i. Occupational Dermatitis SIG
- j. Genodermatoses SIG

6. **E-IADVL:**

- All the National Executives and the state Presidents and Secretaries must possess functional e-mail ids. This is to be made mandatory. Staying incommunicado is a crime in today's perspective.
- IADVL News letter with Minutes of CCM and AGBM, Midterm ECM and CCM etc to be placed online in **www.iadvl.com**, for future reference.
- The **constitution can be made online** with some FAQ (if possible) and bring out an updated CD of the same for the members.
- Search option oriented directory** can be made online. Common public can access this.

- Online payment of fees**, knowing due status online using the **payment gateway** can be discussed. This will drastically reduce the paperwork and consolidate professional efficiency in records and accounts maintaining.
- Procedures for **online voting** in near future can be initiated.
- This will **increase the number of votes polled and drastically reduce the expenditure**

7). Indian Academy of Dermatology

Under the banner of IADVL it is high time that an **Indian Academy of Dermatology** is formed.

The proposed IAD is *not a parallel body* with IADVL.

IADVL will continue to remain as the ultimate Executive body.

IADVL executives will continue to work as the supreme governing body dealing with

1. The day-to-day functioning of the Association, e.g.

- Maintenance and regular updating of members' list/directory
- Maintenance of accounts
- Maintenance and updating of constitution (as and when suggested by constitution updating committee and endorsed by GB)
- Organizing ECM, CCM, AGBM and meetings with state Presidents and Secretaries
- Maintenance of minutes and keeping records of various business meetings
- Maintenance of website

2. Publication of IADVL Newsletter

3. Work in tandem with IAD regarding the MCI issues and will continue to sensitize various authorities.

4. Oversee / allot the venue and conduct of DERMACON, that include awards related matters

5. Administer the activities of all the committees *including Indian Academy of Dermatology*.

6. Continue to supervise the activities of IADV L Textbook committee and IJDVL

On the other hand **Indian Academy of Dermatology** can be handed over the "academic" activities with a larger purview than in the existing form of Academic Committee

1. It will give inputs to IADV L in various matters pertaining to the overall development of Academic Dermatology and subjects related to Leprosy, HIV / AIDS / STDs/ Dermato-surgery & cosmetology

2. It will deal with

- o MCI issues(Academic part)
- o Professor's Forum,
- o Therapeutic Guidelines,
- o Drug formulary,
- o Patient Education etc

3. It will supervise and suggest about

- o Scientific program of National conferences
- o IADV L/IAD Fellowships
- o IADV L Training centres
- o Scholarships etc

4. It can conduct an examination and award certificates that will have legal sanctity.

5. It can organize / overlook the conduct of CME programs / workshops and seminars with the help of the proposed Special Interest Group (SIG) s

6. It will be constituted by Professors / eminent Dermatologists.

To start with some eminent and erudite academicians from different corners of the country can be appointed as board members from the floor of the house.

The GB will appoint a Chairperson and a secretary.

VI). Dr.Ramesh M Bhat (Honorary Joint General Secretary, IADV L), Mangalore

IADV L Text Book: Policies, guidelines and directives

We had two excellent editions of IADVL textbooks since 1994. The present Editorial board has done an excellent job since they have been appointed probably in 1990.

We would like to know if IADVL has got a clear policy regarding the

1. Tenure of the editorial board (The present Editors are there for more than 15 years now)
2. Constituent of the Editorial board.
3. Objectives/Guidelines for selection of authors
4. Timing of new editions
5. Making the book available on a CD-ROM

As this is an IADVL project we should also have a periodical report from the Editor/s of the textbook in the CCM/AGBM as we have from the Editor of IJDVL. At least some sort of discussion is needed in the AGBM

VII). Dr. Jayakar Thomas and Dr. K.N. Sarveswari (LM/KT & LM/KT)

(i). We request you to grant Rs.10 Lakhs towards initial funding of our DERMACON – 2007 conference at the General Body Meeting to be held at Hyderabad in February 2006.

(ii). It has been proposed that the topic for CME program to be held on the 25th January 2007 at DERMACON 2007 would be as follows “ Improving outcomes in the management of Psoriasis”. We request you to put up the proposal at the General Body Meeting to be held at Hyderabad in February 2006.

(iii). As per the resolution passed in a meeting held at Chennai on 27-02-2005 at Hotel Savera, the following have been appointed as office bearers for DERMACON 2007 to be held at Chennai.

Conference Chairman – Dr. Jayakar Thomas
Conference Secretary – Dr. K.N. Sarveswari
Scientific Committee Chairman – Dr. A.M. Jayaraaman

VIII). Dr.S.D.N.Guptha, Honorary Treasurer, IADVL, Bangalore

- 1). Income tax return filed should be printed in the IADVL News letter every year prominently.
- 2). The auditor should not be changed yearly. Having one auditor to file the Income Tax returns is advantageous. This arrangement can be continued till such time we have our own permanent central office.

IX). DR.H.Hanumanthappa, Mysore (LM /KT/)

I am here with sending amendments/suggestions/resolutions –

Candidates contesting for national office bearers' post (President, Vice-President, Honorary General Secretary and treasurer) should secure 1/3 of the polled votes. Otherwise they should lose the deposit in the form of bearing the 2/3 rd of the election expenses (for conducting election which is an expensive process and a great loss to IADVL).

X). Lt Col Dr. Manas Chatterjee, Classified Specialist (Derm and STD), Military Hospital, Jodhpur,

I think that the membership drive is a very good idea.

But can't the Pharma companies be coaxed not to sponsor doctors for the conferences? Instead, they can please the doctors by taking them to other tourist destinations for outings if they feel so. That way, only interested people will attend and the conference will be more focused. Also, one conference of the IADVL per year would then be an event to look forward to and not a mela as it is becoming these days. It is basically to cater to the conference tourists that all the gimmicks in the stalls are arranged. I am sure that most of us are not interested in them save as an occasional break. Of course, sponsorship of the leading lights/speakers is always welcome as that would enable them to more easily attend, but it should not be for any and everyone. I am sure some form of regulation at the association/conference secretariat level would be welcome. Of course, the modality of the same needs to be worked out and it is easier said than done. The issue is quite a sticky one and may invite a lot of heat, what with the majority of attendees these days attending as Pharma company guests. But I feel that it is time that someone thinks of this, as, a time will come when the conf will become truly beyond the capability of most cities of the country save the metros (as it is almost becoming nowadays, if you see the list of venues over the last few years). Of course, more attendance is welcome for the conference organizers, but how much is enough is the question. Too much of anything is bad as our population bears testimony to.

XI). Dr.Sangeeta Amladi, Mumbai (LM/M/)

I would like to suggest adding a Genodermatoses Group as SIGs as well. I believe it is something we must take up at a National level - Rajeev Sharma, Timir Mehta and I would be happy to work on it.

XII). Dr. Brijesh Agarwal (LM / MP /)

1. Looking at the huge funds involved in our association we must have one finance committee who will do the internal audit, suggest investment and recommend the expenses.
2. Since new cities are having large number of Dermatologists we now should have local branches also under state branches with more than 15 members.

XIII). Dr. D.G. Saple (LM/M/)

IADVL (Indian Association of Dermatologists, Venereologists and Leprologists) is an association of Indian medical specialists who manage patients with skin diseases, sexually transmitted diseases including HIV infection (STDs) and leprosy. It was founded in the year 1973 after merger of separate regional bodies of skin and STD specialists. The association unites these specialists under one umbrella and works for the betterment of the specialty principally by holding academic meetings aimed at continuing medical education of the specialists. The ultimate aim of this is to improve the quality of care delivered to patients suffering from skin diseases, STDs and leprosy. It has more than 5000 members spread across the country. It has state bodies in all the states of India.

India has had a sharp increase in the estimated number of HIV infections, from a few thousand in the early 1990s to around 5.13 million children and adults living with HIV/AIDS in 2004. With a population of over one billion, the HIV epidemics in India will have a major impact on the overall spread of not only confined to high-risk groups and in cities, but is gradually spreading into rural areas and the general population. HIV prevalence across the country is about 0.98 percent in the age group 15-49 years. India is categorized as a low prevalence nation. A major concern is that in view of our large population, a mere 0.1 percent increase in the prevalence rate would increase the numbers living with HIV by over half a million. (Ref: NACO Annual Report 2002-2004)

The Indian states of Maharashtra, Andhra Pradesh and Tamilnadu (each with at least 55 million inhabitants), have registered HIV prevalence rates of over 10 percent among STI patients.

The relationship between STIs and HIV infection is three-fold. Firstly, STIs and HIV infection are associated with the same risk behavior, that is, unprotected sexual intercourse with multiple partners. Thus, the same measures that prevent STIs also prevent sexual transmission of HIV infection.

Secondly, the presence of STIs has been found to facilitate the acquisition and transmission of HIV infection. A 10 fold increased risk for HIV transmission has been associated with genital ulcer diseases such as syphilis, chancroid and genital herpes. The risk associated with diseases causing discharge, especially gonorrhoea, Chlamydial infection and trichomoniasis is up to 4-fold. Thus, early diagnosis and effective treatment of STIs can contribute significantly towards the reduction in HIV transmission.

There is evidence to suggest that some STI pathogens are more virulent in the presence of HIV related immune-deficiency. This may have implications for treatment recommendation for STIs.

STI treatment is also an opportunity for providing information, education and communication for the prevention of HIV, to an individual/couple at risk of HIV. Quality STI treatment and associated condom use is an entry point for organizing prevention programmes for vulnerable communities like sex workers or men having sex with men. However, the Behavioral Surveillance Survey (2201) illustrated that less than 20 percent of those suffering from STIs seek treatment through government clinics in most states of India. Perceived lack of confidentiality and the stigmatization of those with STIs, drive the majority to the private health sector, and /or to unqualified practitioners or quacks with home remedies.

A clear need exists to create a network of linkages between the public sector and the private sector STD clinics for more widespread availability of service delivery. (Ref: NACO Annual Report 2002-2004).

There is also a need for integration of STI prevention and its managements in to the primary health care, reproductive health care centers and private clinics. (Ref: STI – Treatment Guidelines – NACO)

Perhaps no field of clinical medicine has advanced more rapidly than the field and study of HIV/AIDS, with the continuing discovery of new opportunistic infections and new treatment options for antiretroviral therapy. Recent initiatives to expand access to antiretroviral therapy in the country has dramatically increased the demand for clinicians trained in HIV/AIDS care and so the training of healthcare providers in the management of HIV infection has assumed great importance in India.

In the Indian context, medical practitioners in private practice cater to the healthcare needs of approximately 70% of the population. However, since HIV disease is a relatively new disease and was not a part of curriculum when these clinicians studied in medical schools, a large gap exist in the knowledge and skills of the clinicians with respect to clinical management of HIV/AIDS. In India, we are singularly fortunate to have world-renowned clinicians in STI management including clinical management of HIV/AIDS. The state could certainly come forward and join hands with these leading experts and shoulder its responsibility of training and education of healthcare providers

from length and breadth of the state, both in government and private set-up to achieve the said goal.

In view of the above considerations, IADVL should come forward and address the issues raised. A national co-ordination committee can be set up as an effective liaison between NACO and other agencies. This committee shall undertake various tasks such as formulating and revising guidelines related to STI and HIV/AIDS management, initiate continuing education programs thereby upgrading the knowledge and skill base of clinicians across the country. We would also aim to generate evidence on current clinical care, which in turn shall be used to guide therapy in a rational manner.

XIV). Dr.Raghunandan G. Torsekar (LM / /)

We in India have lot of clinical material at our disposal. Individually we have lot many clinical photographs and text material. If as an association we pool all this material to form a lecture series for under-graduates and post-graduates in dermatology, so also for general population to make them aware about modalities of treatment that we can offer, then it will be beneficial for association members. This can counter the advertisements published in newspapers by doctors from other pathies (alternate systems of medicine). American Association of Dermatologists has such lecture series, then why not we have one of our own. Hope we can have a discussion on this matter at the annual general body meeting at Hyderabad in 2006.

XV). Dr.Venkatram Mysore, Bangalore, (LM/KT/3211)

(i). **Spurious practitioners**, practitioners of complementary medicine and beauty clinics are making serious inroads in to our specialty. Persistent advertisements in media often present inadequate and erroneous information to the public. We, the dermatology specialists are bound by the code of ethics and hence are unable to counter these claims effectively.

In view of this, I suggest that IADVL take the following steps to improve awareness about our specialty and enhance our credibility

- a) Increase public awareness about skin diseases by mass campaign. I suggest we take up one disease each year and focus on it on a particular day (on the lines of diabetic day). I suggest we take up Vitiligo for year 2006.
- b) O that day (e.g.: Leucoderma day), we, with the help of pharmaceutical companies launch a media campaign, organize lectures, free medical camps, and offer fee treatments to Vitiligo patients in the clinics.
- c) Each state association will be in charge of organizing the campaign.
- d) The focus for each year will be decided at the general body meeting at annual conferences.

(ii). **Leucoderma** is the single most special stigma amongst skin diseases in India and despite recent advances, no effective treatment is available. Western world is not much interested in this condition, as it does not affect them much socially and cosmetically. While some research has taken place, a lot needs to be done. In view of this, we should make efforts to promote research in Vitiligo. I suggest the formation of a Vitiligo Fund, which will contribute to research projects in Vitiligo in different institutions, particularly in the field of melanocyte culture.

(iii). **Declaration of Conflict of Interest:** With increasing pharmaceutical and other commercial sponsorships for faculty in IADVL conferences, it is important that we maintain objectivity, independence, establish balance and scientific rigour, and avoid bias. For this purpose, we should make adopt a policy to make it mandatory, in all IADVL meetings, for all speakers to declare and disclose any conflict of interests, as follows:

“ All faculty shall disclose to the audience any significant conflicts of interests including financial or any other relationships with manufacturers of commercial products (including drugs, equipment etc) or services discussed in their presentations. The disclosure is not to prevent a speaker with a significant relationship with a product from speaking about the product, but rather to provide information to the audience to make their own judgments. It is entirely up to the audience to judge whether speaker’s interests and relationships have influenced the presentation. If there are no interests to declare, then a “nothing to disclose” declaration shall be made”.

XVI). S.R. Narahari LMK-1257 / K.S. Prasanna LMK-3417

Providing IADVL plat-form for the discussion on the scientific evaluations of traditional medicine pertaining to dermatology, sexually transmitted diseases & leprosy

Investigative papers on Alternative & complimentary medicine pertaining to dermatology are presented and discussed in separate sessions in international meetings. International society of dermatology, European society of Dermatology and Venereology, International society of Lymphology and Proceedings of the national institute of health, USA are prominent among them. Indian Council for Medical Research also has taken up programmes to support reverse pharmacology research in traditional medicine under the golden triangle scheme since 2004. Interested dermatologists have ample opportunity to conduct various studies as skin care measures are described in traditional dermatology literature.

Therefore we request that IADVL provides a platform to discuss the outcomes of research conducted in traditional medicine forums by introducing the following programmes:

1. To introduce separate parallel session during the scientific meetings and conferences of IADVL to discuss the progress made in traditional Indian medicines in an interdisciplinary model
2. To permit the non-IADVL members to participate and present papers in these sessions. Members of other disciplines such as pharmacology, pharmacognosy, ayurveda, yoga and other systems of medicine, ethno botany etc are at present contributing to the development of traditional dermatology more than dermatologists and they might also be allowed to participate in these meetings
3. To publish papers in IJDVL after peer review, on studies pertaining to traditional Indian medicine/ dermatology also by the members and non members of IADVL

XVII). Dr. Juher Hussain, Secretary, Madhya Pradesh & Dr.P.S.Chandel

As per the resolution passed during the General body meeting of our state branch, I hereby bid for DERMACON 2008 at Bhopal.

XVIII). Dr.V.K.Sinha, Secretary, Bihar- Jharkand branch

It was resolved in June 2005, at the Patna meeting of the IADVL Bihar and Jharkand Branch that we bid for the DERMACON 2008 to be held in Patna, Bihar i.e. after the Chennai conference.

The following are the Office - Bearers:

Chairman Organising Committee:	Dr. A.K.Jha 'Amar'
Organising Secretary:	Dr.V.K.Sinha
Chairmen Scientific Committee:	Dr Kamaleshwar Kumar and Dr. P.K.Roy

XIX). Dr.Yogesh R.Marfatia and Dr.Chethan N.Patel, Vadodara (LM/G/401)

(i). The Central Council Meeting for the closing year should be held from 10 A.M. to 5P.M. as in the case of Mid C.C.M., instead of only two hours. All State Presidents and Hon. Secretaries are invitees for this meeting. One of the agenda should be discussion of Branch Problems. The respective STATES are electing the State Presidents and Hon. Secretaries by the time of National Conference. Presence of them will be maximum since most of them will be attending the conference. Interaction is done at the beginning of their tenure, so it will be more beneficial to the Association and at the same time the burden of Finance will not be on States. If the State Presidents and Hon. Secretaries are invited in midterm CCM, half of their term is over. If they are invited in CCM at the beginning of their year, it will be more sensitized.

XX). Dr.Chetan Patel (LM/G/401), Vadodara

(i) IADVL should start IADVL BENEVOLENT FUND.

OBJECTS

The objects of Benevolent fund are

- (A) To help dependents of a member of Indian Association of Dermatology, Venereology and Leprology on his death or on his inability to continue as an earning member because of crippling, an incapacitating disease, accident or ageing.
- (B) To help a member to educate his children.
- (C) To help a member in sickness or under other special circumstances.

Note.

- (a) The help shall be given as a loan on terms laid down by the committee of the IADVL.
- (b) For the purpose of this fund, the term 'Dependents of Members' means non earning parents, wife, minor sons and unmarried daughters.(legitimate children)
- (c) The first disbursement shall be made for two years after the launching of the scheme.
- (d) The benefit of the scheme shall be available to such members only who had continuous membership of the IADVL for not less than five years or those young members who join the Association within the first two years of their becoming eligible for membership of the Association and who die or are incapacitated within five years of qualification.

MANAGEMENT

The scheme shall be implemented and managed by a committee of Management elected by the central council of the IADVL. (One may not require being a member of Central council.). The committee shall consist of the following

- (A) Chairman
- (B) Hon. Secretary
- (C) Six elected Members
- (D) President of the Association
- (E) Hon. General Secretary of the Association

The six members to be elected by the Central Council of the IADVL preferably one from each zone (West, South, East, North, And Central) and one from Direct members.

Note: Two of these shall retire in rotation each year and shall be replaced by two newly elected members. The retiring members will be eligible for re-election. The tenure of office of these members shall be three years, but for the first two years it shall be one

year for two members and two years for two members. The names of the members retiring after one and two years shall be decided by draw of lots.

The committee of Management shall lay down procedure for its guidance and routine work, but it shall not be in contradiction to the Bye-laws of the IADVL and shall have to be ratified by General body of IADVL, before enforcement.

The Committee of Management shall maintain accounts of all incomes and expenses. The Committee of Management shall also maintain other such records as are deemed necessary. Auditors appointed by G.B. of IADVL shall audit the accounts annually.

The Committee of Management shall be responsible to the G.B. and shall submit audited accounts and Annual Report of the Benevolent fund

INCOME

The Income of the fund shall come from the following sources.

- (A) 25% of surplus amount of the association each year shall be credited to this fund. Interest of this account should be credited to this fund only.
- (B) 10% of the surplus amount of the all the Indian conferences should be credited to this fund.
- (C) Donation

DISTRIBUTION

Every year the committee will decide the maximum amount to be given to individual member depending upon the available fund.

(ii). To form a permanent STANDING FINANCE COMMITTEE:

Scope of work

The scopes of the committee are

- (a) To monitor the funds of IADVL including Journal
- (b) To monitor the investment of Association's surplus fund.
- (c) To monitor the income and expenses
- (d) Any non-budgeted expense should be cleared first by this committee
- (e) Any new activity or any new proposal first should be cleared first by this committee.

Note

The committee will not interfere with day-to-day work of the Association and the working of THE HON. TREASURER.

FORMATION

The committee shall comprise of following members.

- (A) Chairman
- (B) Six elected members
- (C) President of the Association
- (D) Hon. Secretary of the Association

The six members to be elected by the central council of the IADVL preferably one from each zone (west, south, central, east, north and from direct members) should have some knowledge regarding the subject.

The committee should meet at least three times in a year with one at the time of annual conference.

The term of Chairman shall be three years. He is eligible for re-election. The term of members shall be three years. Two members will retire every year.

The committee shall lay down procedure for its guidance and routine work, but it shall not be in contradiction to the Bye –law of the Association and shall have to be ratified by the G.B. of the IADVL.

(iii). To delegate the power of GB to the Central Council:

At the end of Annual General Body Meeting for the commencing year one resolution should be passed to delegate the power of G.B. to Central Council except those relating to change of rules and other specified reservations

Ideally this should be done for smooth working of association and in case of any extra –ordinary circumstances the decision can be taken. Whatever decisions have been taken in between the G.B. SHOULD BE RATIFIED in next G.B.

IADVL TRAINING FELLOWSHIP - 2006

Indian Association of Dermatologists, Venereologists and Leprologists, invites young Dermatologists to apply for the following IADVL Training fellowships during the year 2006.

RULES FOR IADVL TRAINING FELLOWSHIP 2006

1. The fellowship will be open to any bonafide member / Associate Member of the IADVL.
2. The awardees must be less than 35 years in age at the time of commencement of his / her fellowship.
3. It will not be awarded to member working in the same institution.
4. The applicant must specify the course of Specialization that he / she intends to undergo.
5. The host institution must be ready to accept the awardee.
6. The Awardee will be selected by a panel on the basis of his / her merit and the possible utility of the training in the discharge of his / her duties. The candidate must apply through proper channel with full Bio-Data.
7. The duration of training will be - 4 weeks.
8. A panel of members of IADVL constituted from time to time will select the course of training and the corresponding institution. Private Institutions are no bar, but these will not be permitted to charge any fee.
9. The amount of fellowship will be Rs.3, 000/-
10. The fellowship will be given only after successful completion of the course and on production of a certificate to that effect from the teacher.

11. Selection will be done once a year only in January, every year during the conference.
12. Following fellowships are available:

- | | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| 1). JALMA, Agra | Clinical and Laboratory teaching in Leprosy | |
| 2). AIIMS, New Delhi | Contact Dermatitis | Dr.V.K.Sharma |
| 3). C.M.C., Vellore | Dermato-histopathology | |
| 4). G.T. Hospital, Mumbai | HIV / AIDS – Clinical | Dr.J.K.Maniar
& Dr.D.G.Saple |
| 5). Medical College Hospital,
Jaipur, | HIV / AIDS – Counseling | Dr.Dinesh Mathur |
| 6). T.N. Medical College
and B.Y. L. Charitable
Hospital, Mumbai, | Dermato histopathology | Dr Uday S. Khopkar |
| 7). P.G.I.M.E.R
Chandigarh | Dermatosurgery and
phototherapy training | Dr.Bhushan Kumar |

In addition interested candidates, with prior permission from the training person, may be allowed to undergo these training without remuneration from IADVL.

Kindly apply with full bio-data on or before 20th January 2006 to:-

**Dr.S.Sacchidanand
Honorary General Secretary
No.12, III cross, “Bimajothi” LIC Colony,
Basaveshwara Nagar
Bangalore 560 079**

Fellowship in Dermatosurgery
(Course offered for first time in India)

Government of Karnataka

No.BMC/MCI/ / 2005 – 06

Office of the Principal
Bangalore Medical College
Bangalore. Dated 06/01/06

NOTIFICATION

Rajiv Gandhi University of Health Sciences has sanctioned **Fellowship in Dermatosurgery**, a one-year course, to the Department of Dermatology, Venereology and Leprosy, Bangalore Medical College, Bangalore, Karnataka.

Applications are invited from eligible candidates for Fellowship in Dermato-surgery programme in the Department of Dermatology, Venereology and Leprology, Bangalore Medical College, Bangalore for **one-year course** to be started from 16th January 2006. Candidates can apply on a plain paper for the post and appear for an interview personally during the specified date in the month of December every year. Please look out for the advertisement in the national dailies and in IJDVL.

The details are as follows:

1	Number of seats: 2 (Two)	One seat is reserved for candidates working in the Institution of Government of Karnataka. They should send their applications through the proper channel and one for Private candidate
2	Duration of the course	One year (January to December)
3	Eligibility	MD degree in Dermatology, Venereology and Leprosy recognized by MCI. Preference will be given for candidates having 3 years experience after post-graduation
4	Stipend	Not available
5	Accommodation	Subject to availability in BMC PG hostel
6	Mode of applying	Application on a plain paper duly typed with Biodata and

	for the Fellowship	relevant certificates should reach the office of the Principal, Bangalore Medical College, Fort, Bangalore 560002. The candidate should super scribe on an envelope as “Application for Fellowship in Dermato-surgery programme 2006”
7	Date & Place of Interview	Will be announced later; the interview will be held in the chambers of The Principal, Bangalore Medical College, Bangalore
8	Certificates	The Selected candidates shall deposit their original Marks cards, Degree Certificates etc;
9	Course fees	Rs.20,000/- as University fee (non-refundable)

For further details contact: Principal, Bangalore Medical College, Bangalore, in person.

Sd/-
Principal
Bangalore Medical College, Bangalore