

INDIAN ASSOCIATION OF DERMATOLOGISTS, VENEREOLOGISTS & LEPROLOGISTS



IADVL NEWS

An Official bulletin of IADVL

Volume 2 Issue 1

April 2006

Compiled, Edited & Published for IADVL by

Dr. Koushik Lahiri

Honorary General Secretary

IADVL, IMA House, Room No 7(First Floor),

53 Creek Row, Kolkata-700 014, India

Tel: +91 33 5514 8385 (O), +91 33 2373 0178 (R)

Cell :+91 94330 30178

E-mail: iadvl@vsnl.net, koushik66@vsnl.com

IADVL NATIONAL EXECUTIVE 2006



Dr. Suresh P. Joshipura

LM/G/409

President

Coins Corner, Dr. Yagnik Road
Rajkot - 360 001, Gujarat
Phone : 0281-2572244(R)
0281-2464288
Fax : 0281-2465288
Mobile : 0-98240 43740
E-mail : suresh1_ad1@sancharnet.in



Dr. V. P. Kuriyipe

LM/K/1146

Immediate past President

Vallookandathil House
Civil Lines Road
Palarivattom
Kochi - 682 025, Kerala
Phone : 0484-234870(R)
Mobile : 0-98470 77340
E-mail : drkuriyipe@sify.com



Dr. Chetan Oberai

LM/M/677

President Elect

#257, Central Avenue Road
Opp. 10th Road, Chembur
Mumbai - 400 071, Maharashtra
Phone : 022-2521 8386
Mobile : 0-98200 55683
E-mail : drchetanoberai@hotmail.com



Dr. Koushik Lahiri

LM/WB/2503

Honorary General Secretary

Ananda Apartments,
P-42 CIT, Sch IV M
Kolkata - 700 010
West Bengal
Phone : 033-2373 0178 (R)
Mobile : 0-94330 30178
E-mail : koushik66@vsnl.com



Dr. Arun C. Inamadar

LM/AP/2001

Vice-President

2nd Floor, Dr. M. V. Kulkarni Building
Near Madhava Maruti Temple Kavaligate
Bijapur - 586 103, Karnataka
Phone : 08352-224032 (R)
08352-253032 (C)
Mobile : 0-94481 02920
E-mail : aruninamadar@rediffmail.com



Dr. Mohan Gupta

LM/CH/1124

Vice-President

Near Doctor's Colony
Saraswati Nagar
Pratap Talkies Chowk
Bilaspur - 495 001, Chattisgarh
Phone : 07752-228888 (R)
07752-503897 (C)
Mobile : 0-98271 11662
E-mail : drmohangupta@yahoo.com



Dr. Sanjeev Handa

LM/P/1643

Joint General Secretary

#1152, Sector 24 - B
Chandigarh - 160 023
Phone : 0172-2712043 (R)
0172-2756564 (O)
Mobile : 0-98159 24777
E-mail : handa_sanjeev@yahoo.com



Dr. Raghubir Banerjee

LM/WB/2469

Joint General Secretary

#120, Apcar Gardens
Asansol - 713 304, West Bengal
Phone : 0341-2250524
0341-2253429
Mobile : 0-98302 81810
E-mail : drraghubir@yahoo.co.in



Dr. Arijit Coondoo

LM/WB/2364

Honorary Treasurer

#74, Jogendra Gardens
Kolkata - 700 078, West Bengal
Phone : 033-2441 2457 (R)
033-2460 2068 (C)
Mobile : 0-98300 85437
E-mail : arijitcoondoo@yahoo.com



Dr. Uday Khopkar

LM/M/728

Chief Editor

A-2, Doctors Quarters
2/7, Government Colony, Haji Ali
Mumbai - 400 034, Maharashtra
Phone : 022-2490 0303 (R)
022-2411 6464 (O)
Mobile : 0-93226 71959
E-mail : drkhopkar@gmail.com



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A GREETING FROM THE PRESIDENT



My dear Colleagues:

Please accept my heartiest greetings and warm wishes for a joyous and peaceful holiday season to you and your family.

After a much exhaustive work by the last year's IADVL executive members Dr. Kurtype, Dr. Sacchidanand, Dr. S. D. N. Gupta, I am very glad to inform you that IADVL office and executive committee members have geared up and have started working very hard. I need to congratulate our Honorary General Secretary Dr. Koushik Lahiri, and our Treasurer Dr. Arijit Coondoo. I am also very much thankful to President Elect, Dr. Chetan Oberoi, for giving his views regularly in policy making decisions. Also, I cannot forget to congratulate Dr. Rajbabu, Dr. Gowri, Dr. A. S. Kumar, Dr. Manmohan and many others for Organizing DERMACON 2006 and turning it into a grand success.

In my Presidential speech at Hyderabad, I have mentioned my programs and vision for IADVL-2006, and I am glad to inform you that we have initiated our activities successfully.

- We have approached the Government of India and Medical Council of India on the MCI related issues. In this direction, I am happy to inform you that pursuant to our representation, the ex-Central Health Minister and MP-Rajkot, Dr. V. Kathina is following up the matter. In this regard, our colleagues who are office-bearers of MCI, Dr. V. K. Jain, Dr. Ranjan Ravai and Dr. Nitin Vora, are also actively following the matter. Moreover, we are also going to observe, MCI Related issue Sensitization month.
- Meeting of Treatment Guideline committee under the Chairmanship of Dr. V. K. Sharma held in Mumbai, on 8th of March, 2006, have finalized the treatment guidelines for TEN, Psoriasis. They are going to prepare one Proforma in which Registry for TEN cases will be done.
- Centre of excellence in various specialties in India and in SAARC countries will be identified soon and IADVL training fellowship programs, for the young dermatologists will be hopefully started soon.
- IADVL has been approached by 21st World Congress of Dermatology office bearers, who have offered a scholarship for the young dermatologists according to ILDS Scholarship Program. Young dermatologists should grab this opportunity and come forward. Detailed advertisement for the application will appear in IADVL NEWSLETTER and in IJVDL.
- As far as revamping of the IADVL website is concerned, our website committee is doing excellent work.
- A book on ethical issue is going to be prepared by Dr. P. Srinivas. Kindly forward your suggestions.
- IADVL is working to address increasing threats to the specialty of dermatology from non-dermatologists who are treating patients for dermatologic issues. For this, project members have been working on a strategic initiative to educate the public about the expertise of dermatologists. For this purpose, we are planning to observe 'Vitiligo Day' across the country through IADVL State Branches. In this regard, I will seek your co-operation.
- The project related to preparation of the teaching material to the UGs and PGs is undertaken by Dr. R. Torsekar along with Maharashtra State Branch and is in the pipeline.
- Other programs like liaison with NACD, membership drive, reform the academic activities and the problems of faculty Forum etc. are in pipeline.
- I am happy to announce that the Armed forces Dermatology Group has been functioning actively.
- These are just a few of the important issues; our Association is currently working on. Your comments, ideas, and questions on the work of these Committees and any other Association related initiatives are welcomed. Please feel free to contact me via e-mail at suresh1_ad1@sanchamnet.in.

Sincerely,

Suresh Jashipura

Dr. Suresh P. Jashipura, (LMNO, GI409)
President, IADVL-2006.



MESSAGE FROM THE PRESIDENT ELECT (2006)



Dear colleagues,

At the onset I would like to wish every member of our esteemed association a very prosperous, peaceful and productive year ahead.

During the last few years you have witnessed a spurt in the activities of our association due to dynamic efforts of our past Presidents and the Past Secretary along with their elected team members.

Now I congratulate our President Dr Suresh P. Joshipura, the Vice Presidents Dr. Arun C. Inamadar and Dr. Mohan Gupta, our beloved Honorary General Secretary Dr Koushik Lahiri, the Treasurer Dr. Arijit Coondoo and the Joint Secretaries Dr. Sanjeev Handa and Dr. Raghbir Banerjee for continuing their wonderful activities for IADVL.

Dr Suresh Joshipura and Dr Koushik Lahiri have the abilities to implement the programmes of our association which are endorsed by our general body.

I welcome everyone to the EC MIDTERM MEET 2006 at Rajkot on behalf of our President and thank the President and the Secretary for organizing this EC.

I am sure this august EC body of IADVL will sweat out to do their best.

I cannot forget Dr Uday Khopkar for his excellent work for IADVL, and you all know to which height he has taken our journal.

We have many plans and schemes for IADVL. MCI related issues, Academic activities under IADVL, website revamping, fellowship programs are to name a few.

I can assure you of my best efforts for the successful continuation of all these projects.

So, I cannot say goodbye just now, as I have to pick up the threads in order to continue the good work done by the previous and the existing committee.

Long live IADVL.

Dr. Chetan Oberoi (JMM-677)
President-Elect,
IADVL.

THE SECRETARY SPEAKS...



Dear members,

I feel privileged and humble to get this maiden occasion to interact with all of you, my beloved fellow members.

Just a few months back, in last winter you elected me as the Honorary General Secretary of our great Association.

I really cherish the love and support of IADVL stalwarts, seniors, teachers, friends and of course juniors.

I take this opportunity to thank one and all.

Thanks to all our predecessors IADVL has become a huge, healthy, youthful and vibrant organization today in its thirty-third years of existence.

I was a little apprehensive at the beginning for the Herculean task on my shoulder. Moreover, it's not an easy job to step into the shoes of a person like Dr. S. Sacchidanand and maintain the same momentum. But I am sure with the help of the profound experience and collective wisdom of all of you we will be able to make IADVL a truly 24X7 association. Sensible yet sensitive. Polite yet firm.

Under the visionary leadership of the President Dr. Suresh P. Joshipura we have many programs and aspirations.

We would like to work relentlessly to ensure continuity in the successful policies and practices of all our predecessors with additional impetus to modernisation and upgradation of the organisation. I can mention about a few schemes which are there in the pipeline, among many others:

We would try to intensify the campaign to give dermatology its due recognition.

- Our endeavor will be to bring under the umbrella of IADVL all qualified dermatologists of the country through a concerted membership drive. The rate of new member enrollment is encouragingly high in last two months. At the same time a project has been undertaken to ensure rapid reduction of number of returned mails due to wrong/changed addresses of the members.
- A membership card will be issued to all the life members very soon.
- The official bulletin, IADVL NEWS will continue to be the voice of the members with introduction of many new features.
- The IADVL Constitution is getting updated and will reach the members in due course. We will ensure that the sanctity of the constitution is maintained.
- In this era of the Internet, IADVL will not lag behind. We are working towards introducing a highly efficient and modernized system to manage the administrative aspects. We are trying to inspire and encourage all the branches and the members to develop an Internet based interaction system with the National office to ensure rapid and effective administration of the association.
- A regular, rapid and modernized system of communication is already in place in between the Executive to make day-to-day decisions in the organization rapid and effective.
- The IADVL website will be revamped soon with many user friendly facilities.
- We are working out a structured and systematic work strategy to make the academic activities under IADVL more streamlined with introduction of special interest groups etc.
- We are working closely with the International League of Dermatological Society (ILDS) to ensure travel fellowship for our young IADVL members for the next World Congress of Dermatology (WCD 2007) scheduled to be held in Buenos Aires, Argentina in 2007. Watch out for its announcement

I do have many dreams for IADVL.

For that I sincerely seek your love and support during my tenure. Be a proud IADVLite. Come let's join hands to make IADVL one of the best and dignified Derma Society in the world.

If you take one step forward I am ready to walk the extra mile....

I love to work and work hard.

I can promise you many sleepless nights on my part for IADVL!
Long live IADVL,

Dr. Koushik Lahiri (LM/WB/2503)
Honorary General Secretary
IADVL

TREASURER'S NOTE



Dear Colleagues,

A couple of months back I inherited the mantle of Hon. Treasurer from Dr. SDN Guptha. It is my great fortune that I succeeded a person who understood the nuances of accounts so well and under whose stewardship IADVL has now become flush with funds. It will indeed be an onerous task on my part to live up to the glorious standards set by him.

The last two months has mainly been spent in transferring funds and I am now happy to report that the bulk of funds lying in Andhra bank, Bangalore has been transferred to the new IADVL account at Indian Overseas Bank, Dharmatala branch, Kolkata. We have received the seed money given to Dermacon 2006 and handed over seed money of Rs 10 lakhs to the organisers of Dermacon 2007.

As reported earlier by my predecessor, the IADVL coffers are now quite full and we are now in the pink of financial health. This money can be profitably used to initiate a host of academic activities including CMEs, workshops, awards and fellowships.

I would request each branch treasurer to obtain a PAN card for the state branch. In this regard, I am happy to inform you that the IADVL West Bengal branch has reported that they have been able to procure a PAN card in March.

Finally, I would request each and every member of IADVL to feel free to come forward with suggestions which would help IADVL achieve higher financial and academic goals.

Long live IADVL,

With regards,

Arijit Coondoo(LM/WB/2364)
Honorary Treasurer
IADVL

MESSAGE FROM THE IMMEDIATE PAST PRESIDENT



I am very glad to know that the 1st Newsletter of this year is coming out very early. Let me congratulate the IADVL president Dr. Suresh Joshipura and the Secretary Dr. Koushik Lahiri for this wonderful achievement.

The importance of the IADVL Newsletter coming out periodically with details of our activities cannot be over emphasized. It will give a very clear picture of all our activities. I am sure under the able and dynamic leadership of Dr. Joshipura and Dr. Koushik Lahiri, this IADVL year will have a lot of remarkable achievements. I wish the very best for their sincere efforts.

With regards,

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



PRESIDENTIAL ADDRESS

By
DR. SURESH P JOSHIPURA

At DERMACON - 2006

34th National Conference of Indian Association of Dermatologists, Venereologists & Leprologists
2nd February, 2006 Shilpa Kala Vedika, Convention Centre, Hyderabad

Hon'ble Chief Guest, the Chief Minister Of Andhra Pradesh, Dr. Rajasekhar Reddy garu; Respected Immediate Past President of Indian Association of Dermatologists, Venereologists & Leprologists Dr V P Kuriyipe, the world-renowned President of the British Association of Dermatologists and our Guest of Honour Dr Robin Graham-Brown; Respected Dr Raja Babu, President of the Organizing committee, DERMACON 2006 and President, SAARC Association of Dermatologists; Hon. General Secretary, Dr Koushik Lahiri; Outgoing General Secretary, Dr Sacchidanand; Organizing Secretary, Dr Gowri; President Elect, Dr Chetan Oberai; my illustrious colleagues on the dais, our distinguished International and National faculty, esteemed Past Presidents of IADVL, my dear delegates from India and abroad, invited Guests, members of the electronic and print media and friends,

As you are perhaps aware, the Indian Association of Dermatologists, Venereologists and Leprologists is one of the largest and oldest professional associations in the world with more than 5000 members on its rolls through its 23 state branches. It is indeed a great honour for me to be the President of this prestigious association. Furthermore, IADVL had taken the leadership of SARAD for the next two years and Dr K.K. Raja Babu had assumed charge as President, with Dr. Sacchidanand as the Hon. Gen. Secretary in October last year.

Crown is never without responsibility, and I am well aware of my duty to my association, to my colleagues and to my country and I promise you that I serve this profession and my people to the best of my ability. I had been a grass-root worker, I had been the General Secretary of the association but that if I could reach this level, I owe it mostly to my senior colleagues and giants in the profession who had helped me all through my career, and I pay my respects and gratitude to them from this podium.

Last year has been a year of hectic activity that was successfully completed by Dr. Kuriyipe, Dr Sacchidanand, Dr SIDN Gupta and their squad. I and my team will continue to do the good work done by them. I am happy to announce that with your good wishes and co-operation, this year also, we intend to have plenty of new professional and social activities. Globally dermatology is growing at an unprecedented pace, and it is my earnest desire that Indian dermatology should also roll up its sleeves and go forward. I assure that all the academic and organizational activities of the association will be planned keeping this vision in mind. I and my team will do our best to see that our voice is heard at the Medical Council of India and by the National and state health authorities.

I want to tell our young dermatologists that IADVL will do everything it can to help them to keep abreast of all the new advances in diagnosis and treatment of various disorders in their specialties besides giving them opportunities to train themselves in such specialized branches like cosmetology, pediatric dermatology, dermatopathology, phototherapy, skin surgery, HIV medicine and others. Through exchange programs between India and neighboring countries, and through the kind cooperation of SARAD, we can easily melt the political borders between different nations and make them come closer. India has many centers of excellence in the specialized fields of dermatology, venereology and leprosy for the training of postgraduate students in these specialties and I invite professional associations of neighboring countries to take advantage of this expertise.

We are extremely happy to have with us in this conference the President of the highly prestigious British Association of Dermatologists, Dr Robin Graham Brown, along with the President Elect, Dr. Susan Burge. I extend our hand of friendship to the British Association in order to OPEN AND OPERATE newer gateways so that there is a free flow of knowledge between the dermatologists of the two Countries. To begin with, two young dermatologists each from India and Great Britain can be invited to participate in the other country's annual conference.

Last year, our association did all it could to convince the Govt. of India and the Medical Council of India to implement a revised academic curriculum that includes

1. Dermatology as a separate undergraduate examination subject with independent evaluation.
2. Compulsory rotating internship in Dermatology for 2 weeks.
3. Inclusion of Interventional Dermatology such as Dermato-Cosmeto-Surgery, Lasers, phototherapy, and Day Care therapy in Post-Graduate curriculum.
4. Recognizing the degree of M.D. (Dermatology) and M.D. (Dermatology, STD, and Leprosy) as an eligibility criteria for super-specialty courses such as D.M. (Rheumatology), D.M. (Immunology) or any other related/allied super-specialty courses likely to be started in the future.

I promise you that I and my team will do our best to persuade the authorities to accept and implement these recommendation without any further delay and I solicit your active co-operation to achieve these goals.



Advertisements that advertise FALSE, BOGUS AND UNPROVED TREATMENTS and claim to magically cure such diseases like HIV/AIDS, STIs, psoriasis, vitiligo and others are on the increase in various print and electronic media and is a matter of great concern to all of us as gullible and innocent patients are likely to be cheated by such MISTRUTHS. Our Association had represented to the Govt of India to look into this matter and strictly implement the Drugs and Magic Remedies (Objectionable Advertisements) rules, 1995 and curb this MENACE. I also request the Honorable Chief Minister to help us in this regard. Furthermore, the association had taken it as its goal to inculcate health awareness to the public about all aspects of dermatology, venereology and leprosy and keep them correctly informed.

The HIV/AIDS nightmare is real and I assure from this platform that IADVL will do all it can and offers to liaise with NACO and other governmental organizations to control and eliminate this scourge from our country. I, on behalf of the Andhrapradesh IADVL, promise to extend to the Honorable Chief Minister whatever professional help that is required to eliminate such communicable diseases from Andhra Pradesh.

The Government of India and WHO have largely succeeded in eliminating leprosy from India but one has to be vigilant regarding sporadic and new cases and those that are multi drug resistant. I feel that dermatologists still have a role to play in recognizing and remedying this threat. As a first step I would like to suggest that IADVL will initiate a dialogue with all the concerned, the WHO and the Government of India and other organizations in this regard.

IADVL would also like to streamline and encourage academic activity in all the specialities providing platforms for such activities as Professors and Consultants forum, and also for Special Interest Groups for diseases like Vitiligo, Pemphigus, Psoriasis, etc, within the framework of the constitution and under the umbrella of IADVL.

Our young and enthusiastic Honorary General Secretary Dr. Koushik Lahri and his team are busy revamping the IADVL Website (www.iadvl.com) which will provide the needed information on the updated constitution, member registry, association activities, consumer protection act, national and international conventions, and clinical and therapeutic data exchange like Re-Derm and a Patient-education and health-education link. It is also planned to have e-IADVL, or Web based administration of IADVL so that new members can be enrolled online and effective communication can be made with the existing. It should also be possible to vote online in future.

There is deep dearth of epidemiological data on many dermatological disorders and STIs in our country. With the aid of modern technology, we should be able to collect, sort and class this material to gain an insight in to the actual prevalence of those diseases in order to plan the material for their prevention and treatment. Such restructured and organized information can not only be passed to the academia but also to the remotest doctor in the country. I am glad to tell you IADVL is on the job of providing guidelines of treatment for common skin disorders, STIs and leprosy. Drug reactions are being frequently reported and it is time that we have national Drug hypersensitivity registry.

To strengthen the top, we need to broaden our base. Each year scores of new trainees are entering our profession. It is important that every dermatologist, venereologist or leprologist in this country will become a member of IADVL so that our professional voice would prevail in the best interests of our countrymen. Speedy and effective communication is vital to achieve this goal and I solicit your help in this new membership drive. I encourage formation of City branches wherever there is adequate strength and IADVL plans to introduce the best city branch award soon.

In the process of Globalization, many multinational pharmaceutical companies have begun their operations in India. I request the Pharma industry here in India to initiate and intensify research, with a special focus on Indian skin, in such areas as vitiligo, psoriasis and others in order to provide more effective remedies at affordable prices.

Dear friends, it was a sad news for all of us that one of our colleagues Dr. Anshad Moin a young dermatologist and IADVL life member from Delhi along with his wife was grievously injured in the recent Delhi bomb blasts. IADVL would like to extend whatever help he and his family needs to achieve a faster recovery. It is also a matter of sadness that many luminaries including Dr B V Satyanarayana of Visakhapatnam, and Dr G.I. Motla of Surat had passed away during the last one year.

As it was said long time ago, instead of keeping faith in our destiny, we should propel ahead by keeping in mind our destination.

I would like to extend my best wishes to all the participants of DERMACON 2006. I wish the conference a grand success.
Jai IADVL.

Suresh Joshipura

Dr. Suresh P. Joshipura. (LM/G/409)
President, IADVL, 2006.



LOOKING BACK...

(Report of Honorary General Secretary, Dr.S.Sacchidanand (2002-2005) read during the CCM / AGBM for the closing year 2005 at DERMACON 2006, Hyderabad)

My dear colleagues,

At the outset, I take this opportunity to wish each one of you a very Happy and Prosperous New Year!!

It is my pleasure and privilege to present my report in this august meeting for the closing year 2005 at Hyderabad during DERMACON 2006.

I assumed office during the National Conference of IADVL at Kochi, during January 2002. Though initially I could not understand the intricacies of functioning as Honorary General Secretary of IADVL, I slowly began to study the same and came to grips with it.

I had the privilege of working under four illustrious Presidents. They are Dr.K.K.Rajababu, Dr.A.K.Bajaj, Dr.Rui Fernandez and Dr.V.P.Kuriyipe. They guided me throughout my tenure shaping and mending me all the while. I am grateful to each one of them and I learnt a lot from them. Working under them, my resolve and zeal to work for IADVL ever increased.

I am also thankful to my senior colleague and friend Dr.S.D.N.Guptha, Honorary Treasurer, who fitted the bill perfectly and has done yeoman service to IADVL and its funds. I sincerely thank all the office-bearers during these four years who have guided me and helped me sail through.

I would like to list the achievements during my four years tenure, just for recording the same for posterity sake.

1). Master Data File:

My first agenda was to create a "Master data file" containing the names of all the members of IADVL. This was a stupendous task and took nearly 4 to 5 months to accomplish. I started enrolling Life-members with the active support of various Secretaries of State Branches of IADVL from the number 3033. I could enroll more than 1200 life members and the last member I enrolled was 4240!!

This master data file has been maintained in Word format, Excel sheet format, mail-merger and individual State branches list as well. Every new entry needs to be recorded in each of these files.

A process was evolved to effect change of addresses. The names of the members whose mails were constantly received un-delivered were sent to the Branch Secretaries for verification and re-entry was made after correction. Lots of mails (more than 300-350) were being returned initially. I could effectively bring this number down to 150 at the end of my tenure.

I could also earn substantial amount of money by selling the CDs of this master file.

Similarly the list of Ordinary members and Associate members were updated and maintained.

For the first time, we could start enrolling the Associate members for two and three years at a time, so that continuity of IJDVL could be maintained to these members.

There were lots of missing names of members. These were crosschecked with the respective State Branch Secretaries and new membership numbers were allotted.

These changes were being constantly updated and intimated to the Chief Editor of IJDVL for mailing of IJDVL.

2). Membership drive:

A massive membership drive was launched to enroll young Dermatologists from all over India. Local and Zonal committees were constituted to identify and motivate young Dermatologists to enroll as members of IADVL.

3). IADVL Website:

IADVL Website, which was started by Dr.P.V.Mathew during the Kochi National Conference, has been updated and maintained by Dr.Uday Khopkar, our Chief Editor of IJDVL. Lot of inputs has gone into the website and new members can download application form from the website. Information regarding the IADVL Constitution, Awards, Prizes, Medals and Orations are available on the site.

4). IJDVL:

With the active co-operation of Dr.A.K.Bajaj, Dr.K.K.Rajababu, Dr.Uday Khopkar, Dr.Ameet Valia, Dr.Sangeeta Amladi, Dr.Hema Jerajani and few others IJDVL had its re-birth. A meeting that was held at Mumbai, in Dr. Uday Khopkar's chambers, in which I too participated, decided the design of IJDVL, its cover page, its contents and decided to maintain it as such in the future also to create an identity for the magazine. Lots of advertisements were raised along with few permanent sponsors and this made IJDVL self-sustaining. IJDVL is now an indexed journal with Index Medicus and the papers published will appear in PUBMED searches.

5). IADVL Funds:

IADVL funds drastically increased during this period due to the following reasons:



- (i). Contribution from ISD funds
- (ii). Contribution from enrolling Life members / Ordinary members and Associate members
- (iii). Contribution from sale of address CDs
- (iv). Royalty received from the sale of IADVL Text book of Dermatology
- (v). Amount received towards corpus fund from the conferences held at Kochi, Kolkata, Mumbai and New Delhi.

6). ISD Funds:

The row that was long pending regarding the distribution of ISD funds was resolved. IADVL received about Rs. 37 lakhs and it was distributed equally amongst IADVL, IJDVL and New Delhi State branch. The ISD share of this amount was spent in the form of providing scholarship to 48 Indian delegates who visited ICD at Beijing, China during May 2004.

7). IADVL Directory:

A directory of IADVL members was released during 2005. I sincerely thank M/s. Galderma for their generous contribution and commitment.

8). MCI issues:

For the first time IADVL represented the problems faced by Dermatologists in Medical colleges. Dermatology as a subject is not being considered duly by MCI. It was represented to both MCI and Union Ministry of Health. It was demanded that Dermatology should be made a compulsory examination subject for under-graduates and compulsory rotatory Internship of 15 days implemented. The matter is under consideration.

9). Updating of IADVL Constitution:

Updating of IADVL Constitution is now almost complete and the new constitution will be sent to individual members shortly. This does incorporate the resolutions and amendments made during the various AGBM till March 2006.

10). IADVL Drug Formulary:

An IADVL Dermatology Drug Formulary has been compiled by experts and is ready for distribution. This is the first of its kind. A CD format is also available for distribution. I congratulate, Dr.Jayakar Thomas, Dr.Hema Jerajani and Dr.Sangeeta Amladi for their efforts to compile this book. I also thank M/s. Ochoa Laboratories for their financial and technical help in publishing this book.

11). IADVL GSK National Quiz Program for Post graduate students:

For the first time in the history of IADVL, a national level Quiz program for the post-graduate students was started with the financial and logistical help of M/s. GSK. Local and Zonal level quiz programs were held at Chennai, Bangalore, Kolkata, New Delhi, Vadodara, Chandigarh and Agra. The finals were held in a grand fashion during DERMACON 2006 at Hyderabad. Postgraduate students all over India have very well received this program.

12). Computers / Lap-top for all:

For the first time again, a unique idea of every IADVL members possessing either a computer or a Laptop was floated. Though an initial enthusiastic response was noted around 350 400 Dermatologists availed of this opportunity.

13). Professor's forum:

For the first time, a forum was created for academicians, professors and like minded members of IADVL to come on one platform to discuss the various problems being faced in Medical colleges, teaching hospitals and the like.

14). SARAD membership & SARCD:

IADVL became a member of SARAD, an association of members of SAARC countries. It has taken very active part in the activities of SARAD and in fact conducted the 4th SARCD at New Delhi along with 33rd National Conference of IADVL. Dr.K.K.Rajababu is the President of SARAD fro the term 2005 2007 and Dr.S.Sachidanand is the Secretary General for the same period. We wish to take SARAD to newer heights and establish IADVL as a strong body in SARAD. We are also in the process of identifying 'centres of excellence' amongst SAARC nations and encourage exchange of Young Dermatologists in these centres. This could be partly sponsored by SARAD.

15). IADVL Training Fellowship centres:

A few more IADVL Training Centres have been identified during the previous year. Centres of excellence teaching Paediatric



Dermatology, Dermato-surgery, Cosmetology, Lasers usage, Dermatoscopy and few other procedures have been identified. These centres will start functioning within a few months from now after the formalities are completed.

16). IADVL News letter:

For the first time in the history of IADVL, an IADVL News Letter was published during 2005. Two issues have been published so far, and these have become an official mouthpiece and voice of IADVL activities. Every activity of IADVL is being recorded in these News Letters for recording the same for posterity sake. History of IADVL could be documented in these pages and it will serve as a reference document for future use. Minutes of various meetings of IADVL (EC meet, Mid-derma-meet, CCM and AGBM) can be documented, reports of Honorary General Secretary and Honorary Treasurer, Message from the President, Names of the office-bearers of various years, News about future DERMACONS, names of winners of various Orations, Awards and Medals can be published. Meeting notices, details of venue, budget and audited accounts and various relevant announcements can be included. The scope is vast and I am sure one day this News Letter will become popular and much sought after.

17). Mid-derma-meet and Executive body meetings:

For the first time during the tenure of Dr.Rui Fernandez & Dr.V.P.Kuriyipe Mid-derma-meet was arranged at Bangalore and Hyderabad respectively. Dr.Kuriyipe also conducted an Executive body meeting at Kochi. These meetings helped us discuss various long-pending issues and come to a conclusion. This made the job easy during CCM and AGBM at the National conference. Now regular mid-derma-meets is being organized. I am told that the new team is hosting an Executive body meeting at Rajkot and a mid-derma-meet at Hyderabad. This is a very healthy trend and should be continued on a long-term basis.

18). DERMACONS:

During my tenure, four memorable DERMACONS were conducted. Kolkata (2003), Mumbai (2004), New Delhi (2005, along with 4th SARCD) and Hyderabad (2006) were the venues. Each of the conference has excelled each other and has created lot of interest in the younger generation of Dermatologists. Year after year the attendance is increasing and participation of the trade delegates has also increased.

The enthusiasm is palpable and infectious. Centres like Bhopal and Patna have bid for the conference this year. AGBM would decide as to who will be the host for DERMACON 2008. Chennai has already shown a head start and are promising a fantastic conference (DERMACON 2007) during January 2007. Let us all meet at Chennai. I wish the Organising committee 'all the best' for a memorable conference.

19). Activities of various Committees:

Various committees constituted during the previous AGBMs, have worked hard and sincerely and have brought out reports well in time. The Academic Committee headed by Dr.Jayakar Thomas, Constitution Updating committee headed by Dr.R.G.Valia, Therapeutic Guidelines committee headed by Dr.V.K.Sharma and Ethical Issues committee headed by Dr.Suresh Joshipura have done excellent work. The reports have been tabled at previous CCMs and AGBMs.

20). Acknowledgements:

A lot of other initiatives were mooted. Some of them could be completed, some of them have been handed over to the new team of office-bearers to complete and some of them did not see the light of the day. Newer initiatives will take IADVL forward and make our association more meaningful.

I will be failing in my duties if I do not thank each and every member of IADVL who supported me and guided me to execute my job with sincerity and honesty. I would like to take this opportunity to thank all my Presidents, office bearers of the National Executive, Office-bearers of the State branches, Chairmen of various committees, election officers who conducted fair and free elections and each and every individual who has helped me in accomplishing my job. I thank IADVL for providing me this platform to work for this august Association that has become very dear to my heart. I lay down my office with all sincerity and shall extend excellent co-operation to the new team. I also will not hesitate to serve IADVL in any manner and shall look towards any opportunity that IADVL offers.

Long live IADVL.

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



REPORT OF HONORARY TREASURER (2002-2005)

Dear colleagues,

At the outset I wish all of you a very bright and happy New year! I would like to place the following facts before you. During my tenure of four years I have worked sincerely and honestly to raise the standards of IADVL to its present state.

I took charge as treasurer in IADVL National Conference at Kochi during January 2002. I opened the IADVL account about 6 months later on 12-6-2002. During my tenure as Treasurer I had to face the following problems:

1. The long disputed-New Delhi International Conference Fund (ISD) problem was at its peak.
- 2). The ISD Conference Fund was resolved amicably with Herculean efforts of our Presidents and the dynamic Honorary General Secretary in liaison with Dr.Coleman Jacobson, ISD President.
- 3). We received Rs.37, 16, 122/- and distributed it equally amongst IADVL, IJDVL, IADVL-Delhi.
- 4). The ISD share was spent for IADVL members as promised. About 48 IADVL members received the Scholarship to participate in International Congress of Dermatology, held at Beijing, China during May 2004.
- 5). I did not have proper documents to file the Income tax returns for almost 2 years. The records had to be set straight and then Income Tax returns was filed. Now it is going on smoothly every year.
- 6). The major income has been from
 - Contribution to the corpus fund of IADVL from Dr P.V.Mathew, Dr.Nitin Mukherjee, Dr Chetan Oberai and Dr.Vijay Garg, Organising Secretaries of Successive conferences of IADVL at Kochi, Kolkata, Mumbai and New Delhi.
 - Enrolling of new members of IADVL (around 1200 members in 4 years)
 - C) Royalty money received from M/S. Bhalani Publishers, Mumbai being the money received after sales of IADVL Text Book & Atlas of Dermatology.
- 7). At the 34th National Conference of IADVL, Hyderabad DERMACON 2006, I transferred a heavy purse to Dr.Arijit Coondoo, Honorary Treasurer for the years 2006-07;
- 8). In all Rs.1, 44,16,100/- has been transferred which includes 8% RBI Bonds worth Rs.84, 09, 000/- and cash Rs.65, 07, 100/-. Now IADVL has Rs.76, 67,600/- and there is Rs.67, 48,600/- in IJDVL account.
- 9). The various funds received like 1.Building Fund 2. Prize and Oration Fund. 3.Fellowship Fund. 4.Text Book Fund are deposited in RBI 8% Bonds of IADVL.

I thank Dr.S.Sacchidanand for all his guidance and co-operation. I also thank Presidents Dr.K.K.Raja Babu, Dr. A.K.Bajaj, Dr Rui Fernandez and Dr.Kuriyipe under whose able guidance I worked in my tenure of four years. I also thank all the office-bearers for their guidance and support.

I thank IADVL for giving me an opportunity to serve as Honorary Treasurer. I consider this as an honor bestowed upon me.

LONG LIVE IADVL!!

Dr.S.D.N.Guptha (LM/KT/1892)

Honorary Treasurer (2002—2005)



WELCOME TO DERMACON 2007

With great pleasure we invite you to attend DERMACON 2007, the 35th National Conference of the Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL) in Chennai from 25th to 28th January 2007.

The IADVL Conference has become 'the scientific event' in our specialty when we from all over the country get together to learn about new advances and to exchange scientific ideas and experiences in a unique, solely-devoted atmosphere. Attendees of previous such meetings know what to expect: an attractive and diversified scientific program which offers a full spectrum of learning opportunities: from continuing medical education to presentations of the most recent advances, as well as presentations of new and original scientific research. Young investigators have the opportunity to compete for several awards/prizes/medals. A host of our colleagues from other parts of the world will be with us to share their academic experiences. The exciting venue, the Chennai Trade Centre, is a state-of-the-art structure of international standards, will add to the comfort of a luxurious surrounding for such an historic event.

The event is planned to be highly interactive and an excellent learning experience for all the delegates. International and nationally acclaimed faculty, all stalwarts in their fields of interest will be gracing the event. The main theme will be the latest in 'The Skin from within'. In addition to the academic excitement, Chennai will be at its very best in the month of January. We have ensured that it is not a case of "all work and no play". Cultural and social activities will keep the spouse and children engaged. So make sure you mark your calendars and do not miss this wonderful opportunity of updating and keeping abreast with the latest and best in this field. We once again extend a very warm and heartfelt welcome to all of you. Hoping to see you in Chennai in January 2007 and wishing your time with us is well spent.

- The Organizers _

DERMACON 2007

35th National Conference of Indian Association of Dermatologists, Venereologists and Leprologists
Chennai, 25th to 28th January 2007
www.dermacon2007.com

Important Dates To Remember

- Pre - Conference Workshop : 24th January 2007
- CME : 25th January 2007
- Conference : 26th to 28th January 2007

Last Dates to Remember

● Registration without late fee	● 31 st August 2006
● Registration with late fee	● 30 th November 2006
● Applying for Orations	● 31 st August 2006
● Submission of Abstracts for Awards/Free papers & Posters	● 30 th September 2006
● For Travel & Accommodation	● 30 th September 2006



Tariff

Category	Before 31.8.2006	Before 30.11. 2006	SPOT
	Rs.	Rs.	Rs.
Workshop* : 24.01.07	1000	1000	No spot
CME : 25.01.07	800	1000	1200

Conference: 26.01.07 to 28.01.07

Category	Before 31.8.2006	Before 30.11. 2006	SPOT
	Rs.	Rs.	Rs.
Member Delegates	1900	2900	3900
Non- Member delegate	2200	3200	4200
Post Graduates	1200	1500	2000
Co - Delegates and children (above 3 years)	1800	2800	3800
Corporate Delegates	6000	7000	8000
Foreign Delegates	(US\$)200	(US\$)250	(US\$)300
SARAD Delegate	(US\$)75	(US\$)100	(US\$)150

*** Cosmetology / Dermatosurgery/ Lasers/ Phototherapy : Only 60 participants each on a first- come- first served basis.**

Registration forms for Conference (including CME) and Pre Conference workshops are separate.

Last Dates

Registration without late fee	31 st August 2006
Registration with late fee	30 th November 2006
Applying for Orations	31 st August 2006
Submission of Abstracts for Awards/Free papers & Posters	30 th September 2006

Confirmation and Receipt

A receipt and confirmation letter with registration number will be sent on receiving the registration form along with remittance. This receipt must be presented at the registration counter.

Spot Registration

Spot registration against cash payment only

Registration on 25th & 26th January 2007 will be between 8:00 am and 5:00 pm.

On 27th January 2007 it will be from 8:00 am to 12:00 noon only.

There will be no registration on 28th January, 2007.

Conference Kits cannot be guaranteed to spot registrants

Payment mode and refunds



Payment mode and refunds

- Remittance by Demand Draft in favour of 'DERMACON 2007' payable at Chennai
- Applications of P.G Students should be endorsed by concerned HOD
- If cancellation is confirmed before 1st December 2006 , 50 % of the registration fee will be refunded after the conference is over.

Organizing Chairman

Jayakar Thomas
2, West Mada Church Road,
Royapuram
Chennai-600 013
E-mail: thomas_j@vsnl.com
Tel (Res): 25965051
Mobile: 9841038484

Organizing Secretary

Sarveswari K.N.
1, Kamalam Flats,
15, U block 4th main Road
Anna Nagar,
Chennai-600 040
E-mail: dermacon2007@rediffmail.com
Mobile: 9840815019

Chairman Scientific Committee

Jayaraman A.M.
S-7, T.N.H.B Flats 4,
Luz Church Road
Mylapore,
Chennai-600 004
E-mail: jayaraamana@gmail.com
Tel(Res): 24984558/24982272
Mobile: 9444119274

Dear future DERMACON organizers,

Please note, when you are sending your official request/bid letter/mail to the IADVL secretariat to hold a National conference please do observe the following guidelines:

1. **The bid letter should be accompanied by a resolution of the concerned state GB or a proposal from the state EC (to be ratified by the state GB later)**
2. **It must include the name of the Organizing Secretary**
3. **It should be duly signed by the State President and the State Secretary**
4. **It should accompany relevant details of venue, adequacy of facilities, hotel accommodation etc.**
5. **The bid letter must reach IADVL secretariat at least 6(SIX) months well in advance of the commencement of the next DERMACON (i.e. for DERMACON 2009 the deadline for bidding ends on by 24th July 2006) so that the National Body can send a team to the concerned venue for inspection, if required.**



DERMACON 2006 ORGANIZING SECRETARY'S REPORT

Dear Members,

The 34th National Conference of IDVL Dermacon-2006 was held at Hyderabad from 2nd to 5th Feb. 2006 at Shilpakla Vedika, Convention Centre, HITEC City, Hyderabad.

It was preceded by 1 day live workshop on 1st Fe. 2006. The topics being DERMATOSURGERY, LASERS & COSMETOLOGY AND Workshop II was on "Research Methodology and Medical Publication".

The conference was well attended by 3000 + delegates and nearly 1900 accompanying persons which includes 200, foreign delegates from various countries like USA, UK, FRANCE, ARGENTINA, SOUTH AFRICA, AUSTRALIA, SRI LANKA NEPAL & BANGLADESH.

Topic for CME WAS "NEWER VISTAS in DERMATOLOGICAL THERAPY". They were about 100 faculty, out of which 28 were from countries like USA, UK, AUSTRALIA & ARGENTINA.

All the delegates felt academics were good, the registration was smooth and lunches served were tasty, clean and without crowding at any place and was liked by delegates, from throughout India. Jain food was also served at the request of some delegates.

The trade exhibition area was spacious and well visited by record number of delegates.

The co-delegates were very well taken care by arranging free sight seeing and other recreational activities.

A very "Big Thank You" to each of the participants from the Organizers and Good Bye.

With thanks,

Yours sincerely

DR. V. GOWRI (LM/AP/07)

Organizing-Secretary
DERMACON-2006

CC MIDERMAMEET 2006

Central council members please note:

As per the resolution passed in the GB and as per the ongoing process of continued and streamlined IADVL activity a Midterm CC meeting (CC MIDERMAMEET 2006) will be organized on 5th and 6th of August 2006 in Hyderabad.

It will be a one and half day affair.

On 5th afternoon there will be a meeting with the state Presidents and Secretaries and the whole of 6th will be devoted for the CC meeting.

CC members are requested to send brief, point-wise and well thought-out proposals for the meeting latest by 4th of June 2006.



MEETING – MINUTES



MINUTES FOR THE CENTRAL COUNCIL MEETING FOR THE CLOSING YEAR 2005.

DATE:- 2nd February, 2006(Thursday)

● VENUE:- Hall D; Shilpa Kala Vedika, Hyderabad

● TIME: - 11.00am to 1.00 PM

President Dr.V.P.Kuriyipe called the meeting to order. He invited all the office-bearers of the National Executive for the year 2005 including Dr Suresh P.Joshipura, President - elect on to the dais. He rescheduled the meeting as there was not much quorum. The members re-assembled again after 5 minutes. Dr.V.P.Kuriyipe called the meeting to order once again.

Proceedings:

1). Condolences:

The names of the members of IADVL who had expired during 2005 were read out by Dr.S.Sacchidanand and the whole body stood up in silence for one minute, as a mark of respect to the departed souls.

The names of the deceased are:

- Dr.Harjeevan Shetty, Bangalore
- Dr.Antony Honarius, Bangalore
- Dr.B.V.Sathyanarayana, Vizag
- Dr.Bindu Nair, Mumbai
- Dr.Animesh Chatterjee, Kolkata

and any other members whose name has been left out without our knowledge.

2). Confirmation of the minutes of the Combined Central Council meeting and Annual General Body meeting of the commencing year 2005 held at New Delhi during January 2005.

The house passed the minutes of the combined CCM & AGBM for the commencing year as it was published in the IADVL NEWS LETTER Vol No 1, Issue 1, 2005;

3). To adopt the annual report of the Honorary General Secretary, Dr.S.Sacchidanand, for the year 2005;

Dr.S.Sacchidanand, placed before the house the activities carried out during the year 2005 (published in this IADVL NEWS separately); this was endorsed by the house.

4). To adopt the annual audited accounts of IADVL, presented by Dr.S.D.N.Guptha, Honorary Treasurer for the year 2005:

Dr.S.D.N.Guptha, Honorary Treasurer for the year presented the annual audited accounts for the year 2005; (it was already published in the IADVL NEWS LETTER Vol 1 Issue 2, Dec. 2005). The house endorsed the same and approved it.

He proposed that the accounts for the next few years or till we have a central IADVL office to be audited and to file the INCOME TAX returns from Bangalore itself. As the present Auditor is well versed with the accounts the new team of Honorary General Secretary and Honorary Treasurer should send the audited accounts to Bangalore and it will be filed by Dr.S.D.N.Guptha. The house agreed for this arrangement.

Dr.V.P.Kuriyipe, President, congratulated both Dr.S.Sacchidanand and Dr.S.D.N.Guptha for their efforts. Dr.Suresh P.Joshipura also congratulated the outgoing President, Dr. Kuriyipe, Secretary Dr.S.Sacchidanand and Treasurer Dr.S.D.N.Guptha for the excellent work. Dr.A.K.Bajaj congratulated Dr.Chethan Oberai for the current strong financial position of IADVL. (Substantial contribution from the Mumbai DERMACON)

5). To adopt the annual report and audited accounts of the Chief Editor of IJDVL, Dr. Uday Khopkar for the year 2005:

Dr.Uday Khopkar, Chief Editor of IJDVL, read out the report of IJDVL for the year 2005 and presented the audited accounts for the year 2005. The house passed both of these. Dr.Khopkar brought to the notice of the house that our IJDVL is presently indexed in INDEX MEDICUS & PUBMED and hence it is on par with any international Journal in Dermatology. He thanked the reviewers, members of the Editorial Board and M/s. Medknow publishers. He thanked Dr.A.K.Bajaj, the ombudsman of the journal. He requested publication of separate accounts of IJDVL in the IADVL News letter and the house agreed to this proposal. Dr.Khopkar lamented that there was a dearth of original articles and urged members to contribute more to the journal. He said that most of the authors preferred online submission of articles and this was the most popular method of article submission. He also thanked the sponsors for their contribution.

Dr.V.P.Kuriyipe thanked and lauded the work done by the Chief Editor and his Editorial team for improving the standards of IJDVL.

Dr.S.D.N.Guptha pointed out that 85% of the income generated by IADVL should be spent during the same year for the activities of IADVL, otherwise it will attract income tax for the next assessing year. The house suggested that internal auditor / Finance



committee should take care of these expenses.

6). To consider the reports of

a). Awards Review Committee: (Dr.R.G.Valia,(LM/M/832) Mumbai)

Dr S.Sacchidanand pointed out that henceforth **Dr.J.C.Shroff memorial oration will be named and recognised as Dr.J.C.Shroff memorial Award.** The other rules applicable for selection of candidates for this award remain the same. As this is a prestigious award to the senior dermatologists, it is to be given in plenary session and awardees should be invited to share their lifetime experiences.

He also pointed out that he had requested as per the directions of the Mid-term CCM M/S GSK and M/S Fulford (I) Ltd., to contribute Rs. 5,00,000/- towards IADVL - GSK & IADVL - FULFORD orations respectively. M/S GSK responded by saying that they would maintain status quo by paying Rs. 10,000/- to the Oration awardee every year and are not in a position to contribute Rs. 5,00,000/- as demanded by IADVL. However there was no response from M/s. Fulford. This matter needs further discussion with them.

Dr R.G.Valia suggested to increase the amount to be paid to the Awardees of these orations and they should be on par with each other. The house decided to continue with Rs. 10,000/- as existed. Dr.Valia also said that there should be clear guidelines to start new IADVL TRAINING FELLOWSHIP CENTRES in India and in SAARC in exchange programme with SARAD.

So far six applications have been received to start IADVL TRAINING FELLOWSHIP CENTRES in India, in response to an Advertisement placed in IADVL and IADVL News letter. **It was decided to let the Academic committee chairman to study these applications and suggest their feasibility.**

Dr S.Sacchidanand suggested that there were few inactive centres and these need to be scrapped. Addition and deletion of centres of IADVL TRAINING FELLOWSHIP should be an ongoing process and applications for new centres need to be called for regularly.

Dr Uday Khopkar suggested that we need to get feedback from the awardees and their fellowship amount to be released only after they submit their report to the Honorary General Secretary.

The house endorsed to increase the IADVL TRAINING FELLOWSHIP amount to be awarded to the young Dermatologists to Rs. 5,000/- from the existing Rs. 3,000/- from the ensuing year 2006.

Dr V.P.Kuriyipe sought the permission of the house to start the new centres from this year itself. The house authorised the Academic Committee to look into this matter and submit a report at the earliest.

Dr S.Sacchidanand announced that **Dr.L.N.Sinha memorial award** for excellence in Dermatology for a young Dermatologist below the age of 45 years this year has been awarded to **Dr.Narendra Kamath** of Mangalore. This would be given just before the plenary session on the first day of the conference.

Dr.K.Siddappa was the recipient of **Dr.J.C.Shroff memorial Award** for the year 2005.

The Central Scientific Committee of DERMACON had decided to award **Dr.Raghunath Patnaik** of Hyderabad with **Dr.K.C.Kandhari foundation award** for life time achievement in the field of Dermatology for the year 2005.

The house suggested to maintain the age limit for awarding **Dr.F.Handa medal** at 35 years as existing and not to revise it upwards to 45 years as requested by the sponsors of the medal.

b). Ethical issues committee (Dr.P.Srinivas,(LMIAP/59) Hyderabad)

Dr.P.Srinivas told the house that he is working on various aspects of the Ethical issues involved. He promised to bring out a book on Ethical issues and to release it during the Inaugural function of DERMACON 2007 at Chennai. He also requested for suggestions and contributions for this book.

c). Academic Committee (Dr.Jayakar Thomas,(LMKT/1868) Chennai)

Dr.Jayakar Thomas was absent during the meeting and hence the report of activities so far was not tabled.

d). Therapeutic Guidelines Committee (Dr.V.K.Sharma,(LMND/1852) New Delhi)

Dr S.Sacchidanand told the house that Dr V.K.Sharma was not present in the meeting and that he had not received any report from the Chairperson so far.

Dr Hemangi Jerajani, member of Therapeutic guidelines committee, informed the house that Guidelines have been prepared for three conditions so far (SJS & TEN, Psoriasis and Vitiligo); and guidelines for two more conditions (Acne and Atopic Dermatitis) will be finalised soon and circulated for review by members of IADVL. It will be published in the IADVL News letter. She also suggested maintaining a registry of TEN cases.

Dr. Suresh P. Joshipura suggested that TEN and drug hyper-sensitivity data registry should be formulated by the Therapeutic guidelines committee.

7). Announcements of the names of the Awardees:

a). AAD Fellowships: for the year 2005:

- (i). Dr.Sunil Dogra, PGIMER, Chandigarh and
- (ii). Dr.Rashmi Sarkar, New Delhi

They will receive a grant from AAD for travel and the registration fees will be waived off. They need to make a poster presentation during the conference.

b). Committee on International Affairs award were given to

- (i). Dr. M. Ramam, AIMS, New Delhi and



(ii). Dr.Chander Grover, New Delhi

The registration fees will be waived and they will be allowed to attend two sessions on prior intimation. No travel grants will be given.

B). IADVL TRAINING FELLOWSHIPS for the year 2005:

(i). Mrs. Mayadevi Training Fellowship in Dermatosurgery and Phototherapy at PGIMER, Chandigarh under Dr.A.J.Kanwar; Dr.Chidambara Murthy, Bagalkot, Karnataka

(ii). Dermathistopathology at K.E.M. Hospital, Mumbai under Dr.Uday Khopkar; Dr.Anjana H.Gala, Mumbai

(iii). Clinical aspects of HIV/AIDS under Dr.D.G.Saple, Mumbai; Dr.A.D.Sharma, Guwahati, Assam

They will have to undergo the training during 2006, submit a report on their training and collect a cheque for Rs. 5,000/- from the Honorary General Secretary.

c). Best Branch Award for the year 2005:

Dr.S.Sacchidanand announced that the Best branch award for the year 2005 was awarded to WEST BENGAL State branch of IADVL for their overall performance.

d). To consider the proposals and resolutions made during the MIDERMACON meeting at Hyderabad during July 2005:

Dr.S.Sacchidanand suggested that the resolutions taken during MIDERMACON at Hyderabad has been published and circulated in the IADVL News letter Vol 1, Issue 2, Dec. 2005. The house passed these resolutions without any changes. He also told the house that Dr. Reddys' lab has agreed to sponsor mid year meet for three years at Hyderabad and he is thankful for the same

e). To consider the proposals sent by State branches, Office bearers and individual members of IADVL:

f). Dr. R.G. Valia (LM/M/832)

Constitution of a central finance committee of IADVL RESOLUTION

(1) A central finance committee should be formed. It should consist of President of IADVL, Honorary General Secretary and Treasurer of IADVL, and Auditor of IADVL 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.

This was accepted and passed. The work of the Finance Committee shall be to suggest the investments for saving the tax and to recommend and assess the expenses.

Dr. Suresh P. Joshipura, President-Elect suggested the following members for the committee:

- President, IADVL
- Honorary General Secretary, IADVL
- Honorary Treasurer, IADVL
- Immediate Past Honorary General Secretary, IADVL
- Immediate Past Honorary Treasurer, IADVL

He also suggested that two more eminent members should be added for this committee

f). AK Bajaj, Allahabad, UP, (LM/UP/2238).

(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

Dr. Bajaj suggested the name should be different and not MIDERMACON. A new name MIDERMAMEET was suggested by Dr. Koushik Lahiri for mid term business meetings and that was accepted and passed. From now on the midterm EC meetings will be named as EC MIDERMAMEET and mid term CC will be named as CC MIDERMAMEET.

We have constitutional validity for midterm CC. Dr. Bajaj suggested for legal validity of the EC MIDERMAMEET.

Dr. Suresh P. Joshipura, President (Elect) pointed out that in Hyderabad MIDERMACON-2005, it was accepted that two EC meeting in a year be convened, and as per Rule 25(A)(iv) and (v) of the Constitution, the President has the powers to control and guide the activities of the Association including on the scientific, academic and managerial activities.

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

The proposal was accepted and passed.

(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.



Not Accepted

III. Dr. Nitin Mukherjee, Vice-President, National IADVL (LM/WB/2440)

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 bared 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 specialities 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.

The proposal was not discussed as the member was absent

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.

This was not accepted.

(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..)

This was accepted, except in Tamil Nadu and Andhra Pradesh.

(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.

Accepted and passed.

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

1. Total membership drive:

- o 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'.
- o We can take the help of leading and serious derma-Pharma companies in this regard.
- o 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
- o Some core IADVL persons can be deputed as 'zonal/state level coordinators' to facilitate membership drive. As discussed in Kochi EC Midernameet
 - o South Zone: Dr. Ramesh Bhat
 - o East Zone: Dr. Nitin Mukherjee
 - o West Zone: Dr. Sangeeta Amladi
 - o North Zone: Dr. Atul M. Kachhar



- o Central Zone: **Dr. Mohan Gupta**
- o 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. 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. 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. i.e **CC Midermameet**

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

- Vitiligo SIG
- Psoriasis SIG
- Pemphigus SIG
- Contact and Occupational Dermatitis SIG
- Atopic Dermatitis SIG
- Genodermatoses SIG

7. **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**

8. **Indian Dermatology Academy (IDeA)**

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

The proposed **IDeA** 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

- The day-to-day functioning of the Association, e.g.
 - a. Maintenance and regular updating of members' list/directory
 - b. Maintenance of accounts
 - c. Maintenance and updating of constitution (as and when suggested by constitution updating committee and endorsed by GB)
 - d. Organizing ECM, CCM, AGBM and meetings with state Presidents and Secretaries
 - e. Maintenance of minutes and keeping records of various business meetings
 - f. Maintenance of website

2. Publication of IADVL Newsletter

3. Work in tandem with **IDeA** 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 IADVL, Textbook committee and IJDVL.

On the other hand **IDeA** 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 IADVL 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 IADVL/IDeA Fellowships
 - o IADVL Training centres
 - o Scholarships etc

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 eminent Dermatologists with academic background.

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.

A Chairperson and a secretary will be appointed by the GB.

Dr. Koushik Lahiri was not present. His proposal was postponed for discussion during AGBM of the closing year.

VI. Dr. Ramesh M Bhat (LM/KT/2051) Honorary Joint General Secretary, IADVL, Mangalore

IADVL 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

Dr. R.G. Valia ,Editor of IADVL Text book read out the following regarding the background of the IADVL Textbook Project

At the 18th IADVL National Conference held at Jaipur in 1990, a proposal of Dr. K. Siddappa (President, IADVL), Dr. Leslie Marquis (past-President, IADVL) and Dr. R. G. Valia to publish an atlas and textbook of dermatology was unanimously passed. Dr. Siddappa was to be the Project Director, while Dr. Marquis and Dr. Valia were to be the editors. For the textbook, the editors in consultation with Dr. Siddappa constituted an editorial board, which decided the authors of various chapters. Another board, consisting of representatives of medical colleges from Mumbai, was constituted for the atlas section.

After a prolonged search to find sponsors, an agreement was signed by Dr. Siddappa and Dr. Valia representing IADVL with Bhalani Publishing House to publish five editions of the IADVL Textbook and Atlas of Dermatology. Bhalani Publishing House would bear the cost of printing, publishing and marketing, and would give the IADVL 10% royalty for the first two editions, and 12% for the subsequent ones.

Accordingly, the first edition was published in 1994 and the second edition in 2001. Until this time, annual reports of the textbook project used to be submitted to the Secretary and Treasurer of the IADVL. After the publication of the second edition, the IADVL Textbook bank account in Mumbai was closed and the money transferred to the treasurer in Bangalore and kept in Fixed Deposits in a separate head. At the end of December 2005, this amount was Rs. lakhs. The services rendered by all contributors and editors are honorary.



Arrangements for the third edition are complete. A new editorial board has been constituted.
For the textbook the editors are:

Chief Editors
R. G. Valia
Ameet R. Valia

Editorial Board
A. K. Bojaj
B. K. Girchar
B. Haldar
Arun Inamdar
H. R. Jerajani
A. J. Kanwar
Uday Khopkar
K. Pavithran
K. K. Raja Babu
M. Ramam
Gurmohan Singh
C. R. Srinivas
D. M. Thappa

For the atlas the editors are:

Chief Editors
R. G. Valia
Ameet R. Valia

Editorial Board
Sangeeta Arnladi
Ratna Dhurat
Rui Fernandes
Hemangi Jerajani
Vidya Kharkar
Uday Khopkar
Mahendra Kura
Chetan Oberai
Chitra Nayak
D. G. Saple
R. G. Torsekar

S. L. Wadhwa At the Mid-Dermacon in Hyderabad, a meeting of the editorial board of the textbook was held, which decided the allocation of chapters. Subsequently, a meeting of the editorial board of the atlas was held in Mumbai. The third edition of the textbook will be printed on art paper with the photographs incorporated in the text. It is expected to be printed in the next few months. The house appreciated the efforts made by Dr. K. Siddappa, Dr. R. G. VALIA, Dr. Ameet Valia and the editorial board for their contribution. Ultimately the house accepted Dr. R. G. VALIA's suggestion to include the governing policy about IADVL textbook in the constitution.

VII. Dr. Jayakar Thomas (LM/KT-1868) and Dr. K.N. Sarveswari (LM/KT-1944)

- (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. Jayaraman

To be discussed in the combined CCM and AGBM of the commencing year 2006

VIII. Dr. S. D. N. Gupta, (LM/KT/1892) Honorary Treasurer, IADVL, Bangalore

- 1). All the state branches of IADVL should have PAN and TAN numbers of their own and file income Tax returns. National conferences should also have separate PAN numbers.
- 2). After the National conference the surplus fund given to IADVL should be contributed to the "corpus fund". The conference organizers should mention about this fund in their audit reports as "corpus fund" only.
- 3). It was customary to close the account as on 31st December every year. This causes inconvenience both to the auditors and the Honorary Treasurer. It could be advanced by one month to facilitate presenting of the audited accounts during the National Conference.
- 4). 15% of the interest earned every year from the Fixed deposits, should be spent during the academic year itself. If not this amount can be transferred to IADVL account.
- 5). Income tax return filed should be printed in the IADVL News letter every year prominently.
- 6). 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.

It was decided that as per the resolution taken during Middermacon 2005 at Hyderabad, filing of the IT return will be done from Bangalore (like previous years) by the present Auditors (M/S Srinivasan & Co). It was also decided that Dr. S.D.N. Gupta will liaise with the Honorary Treasurer Dr. Arijit Coondoo and the new auditor at Kolkata to make the process smooth.

IX. DR.H.Hanumanthappa, Mysore (LM/KT/1957)

- 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, LM/WB/2740, 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

Not discussed as the member was absent

XI). Dr. Sangeeta Amladi, Mumbai (LM/M/ 657)

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.

The proposal was withdrawn.

XII). Dr. Brijesh Agarwal (LM/MP/1127)

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.

Dr. Arijit Coondoo pointed out finance committee can certainly examine but cannot 'audit' the account because as per the constitution of India a qualified chartered accountant can audit any account.

The matter has already been discussed in detail and the finance committee has already been formed.

XIII). Dr. D.G. Saple (LM/M/ 802)

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.

In absence of Dr. D.G.Sagle, the matter was postponed for discussion in the combined CCM and AGBM of the commencing year 2006

XIV) Dr. Raghunandan G. Torsekar (LM/M /828)

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.

It was accepted and passed and decided that Dr. Torsekar will carry out the project with the help of Maharashtra state branch without any financial obligation of IADVL and report periodically to Honorary General Secretary

XV. Dr. Venkatram Mysore, Bangalore, (LMKT/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

- 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.
- On 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.
- Each state association will be in charge of organizing the campaign.
- 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.

This proposal was postponed in the absence of Dr. Venkataram.

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 IADVL after peer review, on studies pertaining to traditional Indian medicine/ dermatology also by the members and non members of IADVL.

Since the member was not present, the matter was not discussed.

XVII. Dr. Juzer Hussain, Secretary, Madhya Pradesh state branch (LM/MP/2840)

As per the resolution passed during the General body meeting of our state branch, I hereby bid for DERMACON 2006 at Bhopal.

The matter to be discussed in the CCM and AGBM of the commencing year 2006

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

It was resolved in June 2005, at the Patna meeting of the IADVL Bihar and Jharkhand Branch that we bid for the DERMACON 2006 to be held in Patna, Bihar i.e. after the Chennai conference.

The following are the Office - Bearers:

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

The matter to be discussed in the CCM and AGBM of the commencing year 2006

10. Declaration of Election results for the year 2005 by Dr.A.K.Bajaj, Election Officer

Dr.A.K.Bajaj declared the results for the year 2005

President Elect: Dr.Chetan Oberoi

Vice-Presidents: Dr.Arun C Inamadar and Dr.Mohan Guptha

Honorary General Secretary: Dr.Koushik Lahiri

Honorary Treasurer: Dr.Arijit Coondoo

Honorary Joint Secretaries: Dr.Sanjeev Handa and Dr.Raghubir Banerjee (unopposed)

Dr.Uday Khopkar would continue as the Chief Editor of IJDVL

The house acknowledged the fair and smooth conduct of elections by Dr.A.K.Bajaj.

10). Installation of the New President and his team of office bearers:

Dr.V.P.Kuriyipe handed over the charge to the incumbent President Dr.Suresh P. Joshipura and installed him and his team of office-bearers. All of them were called on to the dais and introduced to the members present. Dr. Suresh P. Joshipura, congratulated the outgoing team, thanked the members and also sought their co-operation during the ensuing year.

12). Any other business matter with the permission of the chair:

Dr.S.Sacchidanand sought the permission of the house to bid for the World Congress of Dermatology 2012, though it was too late. The house permitted him to go ahead.

Dr.S.Sacchidanand also informed the house that SARAD has wished to start exchange programs amongst its member countries including India. Young Dermatologists from SARAD countries could be sent to other countries to centres of excellence for a specified period of time for training. IADVL has no financial burden in this program. The house accepted this proposal and agreed that it would strengthen the ties between SAARC nations.

Due to paucity of the time, President Dr. V.P. KURIYIPE, postponed all other remaining proposals of the closing year to be discussed during the combined CCM & AGBM of the commencing year.

DR. S. SACCHIDANAND, (LM/KT/1937)
Hon. General Secretary,
IADVL

DR. V. P. KURIYIPE, (LM/K/1146)
President
IADVL



MINUTES OF THE AGBM FOR THE CLOSING YEAR 2005

Held at Hall D, Shilpakala Vedika, Hyderabad, during DERMACON 2006

on 02 / 02 / 2006 Thursday, (2.00 PM to 5.00 PM)

President Dr.V.P.Kuriyipe called the meeting to order. He invited all the office-bearers of the National Executive for the year 2005 including Dr.Suresh P.Josipura, President - elect on to the dais. He rescheduled the meeting as there was not much quorum. The members re-assembled again after 5 minutes. Dr.V.P.Kuriyipe called the meeting to order once again.

Proceedings:

1). Condolences:

The names of the members of IADVL who had expired during 2005 were read out by Dr.S.Sacchidanand and the whole body stood up in silence for one minute, as a mark of respect to the departed souls.

The names of the deceased are:

- a). Dr.Harjeevan Shetty, Bangalore
- b). Dr.Antony Honarius, Bangalore
- c). Dr.B.V.Sathyanarayana, Vizag
- d). Dr.Bindu Nair, Mumbai
- e). Dr.Animesh Chaterjee, Kolkata

and any other members whose name has been left out without our knowledge.

2). Confirmation of the minutes of the Combined Central Council meeting and Annual General Body meeting of the commencing year 2005 held at New Delhi during January 2005.

The house passed the minutes of the combined CCM & AGBM for the commencing year as it was published in the IADVL NEWS LETTER Vol No 1. Issue 1, 2005;

3). To adopt the annual report of the Honorary General Secretary, Dr.S.Sacchidanand, for the year 2005;

Dr.S.Sacchidanand, placed before the house the activities carried out during the year 2005 (published in the IADVL NEWS); this was endorsed by the house.

4). To adopt the annual audited accounts of IADVL, presented by Dr.S.D.N.Guptha, Honorary Treasurer for the year 2005:

Dr.S.D.N.Guptha, Honorary Treasurer for the year presented the annual audited accounts for the year 2005; (it was already published in the IADVL NEWS LETTER Vol 1 issue 2, Dec. 2005); The house endorsed the same and approved it.

He proposed that the accounts for the next few years or till we have a central IADVL office to be audited and to file the INCOME TAX returns from Bangalore itself. As the present Auditor is well versed with the accounts the new team of Honorary General Secretary and Honorary Treasurer should send the audited accounts to Bangalore and it will be filed by Dr.S.D.N.Guptha. The house agreed for this arrangement.

Dr.V.P.Kuriyipe, President, congratulated both Dr.S.Sacchidanand and Dr.S.D.N.Guptha for their efforts. Dr.Suresh P.Joshipura also congratulated the outgoing President, Dr. Kuriyipe, Secretary Dr.S.Sacchidanand and Treasurer Dr.S.D.N.Guptha for the excellent work. Dr.A.K.Bajaj congratulated Dr.Chethan Oberai for the current strong financial position of IADVL. (Substantial contribution from the Mumbai DERMACON)

5). To adopt the annual report and audited accounts of the Chief Editor of IJDVL, Dr.Uday Khopkar for the year 2005:

Dr.Uday Khopkar, Chief Editor of IJDVL, read out the report of IJDVL for the year 2005 and presented the audited accounts for the year 2005. The house passed both of these. Dr.Khopkar brought to the notice of the house that our IJDVL is presently indexed in INDEX MEDICUS & PUBMED and hence it is on par with any International Journal in Dermatology. He thanked the reviewers, members of the Editorial Board and M/s. Medknow publishers. He thanked Dr.A.K.Bajaj, the ombudsman of the journal. He requested publication of separate accounts of IJDVL in the IADVL News letter and the house agreed to this proposal.

Dr.Khopkar lamented that there was a dearth of original articles and urged members to contribute more to the journal. He said that most of the authors preferred online submission of articles and this was the most popular method of article submission. He also thanked the sponsors for their contribution.

Dr.V.P.Kuriyipe thanked and lauded the work done by the Chief Editor and his Editorial team for improving the standards of IJDVL.

Dr.S.D.N.Guptha pointed out that 85% of the income generated by IADVL should be spent during the same year for the activities of IADVL, otherwise it will attract Income tax for the next assessing year. The house suggested that Internal auditor / Finance committee should take care of these expenses.

6). To consider the reports of

a). Awards Review Committee: (Dr.R.G.Valia, Mumbai) (LM / M / 832)

Dr.S.Sacchidanand pointed out that henceforth Dr.J.C.Shroff memorial oration will be named and recognised as **Dr.J.C.Shroff memorial Award**. The other rules applicable for selection of candidates for this award remains the same. As this is a prestigious award to the senior dermatologists, it is to be given in plenary session and awardees should be invited to share their lifetime experiences.

He also pointed out that he had requested as per the directions of the Mid-term CCM M/S.GSK and M/S Fulford (I) Ltd., to contribute Rs.5,00,000/- towards IADVL - GSK & IADVL - FULFORD orations respectively. M/S GSK responded by saying that they would maintain status quo by paying Rs.10,000/- to the Oration awardee every year and are not in a position to contribute Rs.5,00,000/- as demanded by IADVL. However there was no response from M/s. Fulford. This matter needs further discussion with them.

Dr.R.G.Valia suggested increasing the amount to be paid to the Awardees of these orations and they should be on par with each other. The house decided to continue with Rs. 10,000/- as existed. Dr.Valia also said that there should be clear guidelines to start new IADVL TRAINING FELLOWSHIP CENTRES in India and in SAARC nations exchange programme with SARAD.

So far six applications have been received to start IADVL TRAINING FELLOWSHIP CENTRES in India, in response to an Advertisement placed in IJDVL and IADVL News letter. It was decided to let the Academic committee chairman to study these applications and suggest their feasibility.

Dr.S.Sacchidanand suggested that there were few inactive centres and these need to be scrapped. Addition and deletion of centres of IADVL TRAINING FELLOWSHIP should be an ongoing process and applications for new centres need to be called for regularly.

Dr.Uday Khopkar suggests that we need to get feedback from the awardees of IADVL Training Fellowship and their fellowship amount to be released only after they submit their report to the Honorary General Secretary.

The house endorsed to increase the IADVL TRAINING FELLOWSHIP amount to be awarded to the young Dermatologists to Rs.5,000/- from the existing Rs.3,000/- from the ensuing year 2006.

Dr.V.P.Kuriyipe sought the permission of the house to start the new centres from this year itself. The house authorised the Academic Committee to look into this matter and submit a report at the earliest.

Dr.S.Sacchidanand announced that **Dr.L.N.Sinha memorial award** for excellence in Dermatology for a young Dermatologist below the age of 45 years this year has been awarded to **Dr.Narendra Kamath** of Mangalore. This would be given just before the plenary session on the first day of the conference.

Dr.K.Siddappa was the recipient of Dr.J.C.Shroff memorial Award for the year 2005;

The Central Scientific Committee of DERMACON had decided to award Dr.Raghunath Patnaik of Hyderabad with Dr.K.C.Kandhari foundation award for lifetime achievement in the field of Dermatology for the year 2005.

The house suggested to maintain the age limit for awarding Dr.F.Handa medal at 35 years as existing and not to revise it upwards to 45 years as requested by the sponsors of the medal.

b). Ethical issues committee (Dr.P.Srinivas, Hyderabad) (LM / AP / 59)

Dr.P.Srinivas told the house that he is working on various aspects of the Ethical issues involved. He promised to bring out a book on Ethical issues and to release it during the Inaugural function of DERMACON 2007 at Chennai. He also requested for suggestions and contributions for this book.

c). Academic Committee (Dr.Jayakar Thomas, Chennai) (LM / KT / 1868)

Dr.Jayakar Thomas was absent during the meeting and hence the report of activities so far was not tabled.

d). Therapeutic Guidelines Committee (Dr.V.K.Sharma, New Delhi) (LM / ND / 1652)

Dr.S.Sacchidanand told the house that Dr.V.K.Sharma was not present in the meeting and that he had not received any report from the Chairperson so far.

Dr.Hemangi Jerajani informed the house that Guidelines have been prepared for three conditions so far (SJS & TEN, Psoriasis and Vitiligo); and guidelines for two more conditions (Acne and Atopic Dermatitis) will be finalized soon and circulated for review by members of IADVL. It will be published in the IADVL News letter. She also suggested maintaining a registry of TEN cases.

Dr. Suresh P. Josphipura suggested that TEN and drug hyper sensitivity data registry is to be formulated by the treatment guideline committee.

7). Announcements of the names of the Awardees:

a). AAD Fellowships: for the year 2005:

(i). **Dr.Sunil Dogra, PGIMER, Chandigarh and**

(ii). **Dr.Rashmi Sarkar, New Delhi**

They will receive a grant from AAD for travel and the registration fees will be waived off. They need to make a poster presentation during the conference.



(b) Committee on International Affairs award were given to

- (i). Dr.M.Ramam, AIIMS, New Delhi and
- (ii). Dr.Chander Grover, New Delhi

The registration fees will be waived and they will be allowed to attend two sessions on prior intimation. No travel grants will be given.

c) IADVL TRAINING FELLOWSHIPS for the year 2005:

- (i). Mrs. Mayadevi Training Fellowship in Dermatosurgery and Phototherapy at PGIMER, Chandigarh under Dr.A.J.Kanwar:Dr.Chidambara Murthy, Bagalkot, Karnataka
 - (ii). Dermatohistopathology at K.E.M. Hospital, Mumbai under Dr.Uday Khopkar: Dr.Anjana H.Gala, Mumbai
 - (iii). Clinical aspects of HIV / AIDS under Dr.D.G.Saple, Mumbai: Dr.A.D.Sharma, Guwahati, Assam
- They will have to undergo the training during 2006, submit a report on their training and collect a cheque for Rs.5,000/- from the Honorary General Secretary.

c). Best Branch Award for the year 2005:

Dr.S.Sacchidanand announced that the Best branch award for the year 2005 was awarded to WEST BENGAL State branch of IADVL for their overall performance.

8). To consider the proposals and resolutions made during the MIDERMACON meeting at Hyderabad during July 2005:

Dr.S.Sacchidanand suggested that the resolutions taken during MIDERMACON at Hyderabad has been published and circulated in the IADVL News letter Vol 1, issue 2, Dec. 2005. The house passed these resolutions without any changes. He also told the house that Dr. Reddys' lab has agreed to sponsor mid year meet for three years at Hyderabad and he was thankful for the same

9). To consider the proposals sent by State branches, Office bearers and individual members of IADVL:

I). Dr. R.G. Valia (LM/M/ 832)

AS PER CCM DECISION & RESOLUTION

II). A K Bajaj, Allahabad, UP, (LM/UP/2238),

AS PER CCM DECISION & RESOLUTION

(III) Dr. Nitin Mukherjee, Vice-President National IADVI (LM / WB / 2440)

The proposal was not discussed as the member was absent

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

AS PER CCM DECISION & RESOLUTION

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.

NOT PASSED

- 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**
 - o South Zone: **Dr. Ramesh Bhat**
 - o East Zone: **Dr. Nitin Mukherjee**
 - o West Zone: **Dr. Sangeeta Amladi**
 - o North Zone: **Dr. Atul M. Kochhar**
 - o Central Zone: **Dr. Mohan Gupta**
 - o Army: **Dr. Manas Chatterjee**

o The coordinator giving the best result will be rewarded.

The house endorsed the idea but did not agree about the 'reward' and decided that **two Vice-Presidents and two Joint Secretaries will act as coordinators with one co-opted member**.



The coordinators proposed are:

- **Dr. Arun Inamadar -South Zone**
- **Dr. Mohan Gupta-Central Zone**
- **Dr. Sanjeev Handa-North Zone**
- **Dr. Raghbir Banerjee-East zon**
- **Dr. Chitra Nayak (co-opted)-West zone**

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

National Quiz has already been started. The house opined that the proposal relating to Best department (academically) award, Best non teaching department award and Best city branch award required detail discussion at Hyderabad Midermameet.

3. **Derma-clubs/societies**

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

Accepted in principle detail to be worked up by constitutional committee

4. **Midterm meetings**

- 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**
- EC Midermameet -** The Central Executives should meet at least once in a year between two DERMACONs. Attach/provide some legal authority/ sanctity to these meetings by necessary amendments of the constitution. Otherwise the whole exercise becomes futile.
- CC Midermameet-** As per the IADVL constitution we will continue to organize at least one **CC Midermameet** following the Hyderabad 2005 formula.
- 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. i.e **CC Midermameet**

Accepted and passed .

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

- Vitiligo SIG
- Psoriasis SIG
- Pemphigus SIG
- Contact and Occupational Dermatitis SIG
- Atopic Dermatitis SIG
- Genodermatoses SIG

Matters related to the proposed Academy and special interest group has been accepted in principle and Dr. Arun Inamadar, Vice-President, IADVL has been entrusted with the responsibility to frame a detailed structured guideline to be presented for discussion in EC MIDERMAMEET and CC MIDERMAMEET.

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**
- Accepted and passed. It was decided a committee will be formed in the commencing years GBM to look after the website related matters.**

Indian Dermatology Academy (IDeA)

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

The proposed **IDeA** 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.
 - o Maintenance and regular updating of members' list/directory
 - o Maintenance of accounts
 - o Maintenance and updating of constitution (as and when suggested by constitution updating committee and endorsed by GB)
 - o Organizing ECM, CCM, AGBM and meetings with state Presidents and Secretaries
 - o Maintenance of minutes and keeping records of various business meetings
 2. Maintenance of website
 3. Publication of IADVL Newsletter
 4. Work in tandem with **IDeA** regarding the MCI issues and will continue to sensitize various authorities.
 5. Oversee / allot the venue and conduct of DERMACON, that include awards related matters
 6. Administer the activities of all the committees *including Indian Academy of Dermatology*.
 7. Continue to supervise the activities of IADVL Textbook committee and IJDVL
- On the other hand **IDeA** 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 IADVL 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 IADVL/**IDeA** Fellowships
 - o IADVL Training centres
 - o Scholarships etc
 4. **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 eminent Dermatologists with academic background.

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.

A Chairperson and a secretary will be appointed by the GB.

Dr. Uday Khopkar remarked that the name 'Indian Academy of Dermatology' looks similar or parallel to parent body, which should be avoided. The idea should be to broaden the academic committee in relation to scope and functions.

Dr. Koushik Lahiri welcomed any change in the name of the proposed academy. He Suggested it can be Indian Dermatology Academy(IDeA) or IADVL-ACADEMY

Matters related to the proposed Academy and special interest group has been accepted in principle and Dr. Arun Inamadar, Vice-President, IADVL has been entrusted with the responsibility to frame a detailed structured guideline to be presented for discussion in EC MIDERMAMEET and CC MIDERMAMEET.

**VI). Dr.Ramesh M Bhat (Honorary Joint General Secretary, IADVL), Mangalore
AS PER CCM DECISION & RESOLUTION**

**VII) Dr. Jayakar Thomas and Dr. K. N. Sarveswari (LM / KT & LM / KT 1868)
AS PER CCM DECISION & RESOLUTION**

**VIII) Dr. S. N. Guptha, Hponnoray Treasurer, IADVL, Bangalore
AS PER CCM DECISION & RESOLUTION**

**IX). DR.H.Hanumanthappa, Mysore (LM /KT/ 1957)
AS PER CCM DECISION & RESOLUTION**

**X). Lt Col Dr. Manas Chatterjee, Classified Specialist (Derm and STD), Military Hospital, Jodhpur,
AS PER CCM DECISION & RESOLUTION**

**XI). Dr.Sangeeta Amladi, Mumbai (LM/M/ 657)
AS PER CCM DECISION & RESOLUTION**



**XII). Dr. Brijesh Agarwal (LM/MP/1127)
AS PER CCM DECISION & RESOLUTION**

**XIV). Dr. Raghunandan G. Torsekar (LM/M /828)
AS PER CCM DECISION & RESOLUTION**

(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

- 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.
- On that day (e.g.: Leucoderma day), we, with the help of pharmaceutical companies launch a media campaign, organize lectures, free medical camps, and offer free treatments to Vitiligo patients in the clinics.
- Each state association will be in charge of organizing the campaign.
- 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.

This proposal was endorsed and passed. It was decided to observe VITILIGO DAY.

(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".

The House accepted this and observed that this should be mentioned in all future IADVL National conferences including DERMACON 2007 in Chennai.

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

As Dr. S.R.Narahari was absent, it was not discussed.

XVII). Dr. Juzer Hussain, Secretary, Madhya Pradesh (LM/MP/2840)

AS PER CCM DECISION & RESOLUTION

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

AS PER CCM DECISION & RESOLUTION

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 State Presidents and Hon. Secretaries are being elected by the respective STATES 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.

As regards to the timings of CCM and AGBM of the closing year during the CME day, it was decided to hold as under:

CCM meeting to be conducted between 2.00 PM to 4.00 PM

AGBM to be conducted after 4.30 PM (may be 4.30 to 6.30 PM)

This is to facilitate delegates to attend CME program at least in the morning and later attend AGBM during the evening session.



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.

Since the members were not present, the matter was not discussed in CCM, but it was discussed in AGBM of the closing year. The proposal not accepted.

(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.

The matter discussed in relation to other item relating to Finance Committee

(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.

The proposal was discussed during the agenda by Dr. A. K. Bajaj, related to MIDYEAR CCM.

10). Declaration of Election results for the year 2005 by Dr.A.K.Bajaj, Election Officer

Dr.A.K.Bajaj declared the results for the year 2005

President: Dr.Chetan Oberai

Vice-Presidents: Dr.Arun C Inamadar and Dr.Mohan Guptha

Honorary General Secretary: Dr.Koushik Lahiri

Honorary Treasurer: Dr.Arijit Coondoo

Honorary Joint Secretaries: Dr.Sanjeev Handa and Dr.Raghubir Banerjee (unopposed)

Dr.Uday Khopkar would continue as the Chief Editor of IJDVL

The house acknowledged the fair and smooth conduct of elections by Dr.A.K.Bajaj.

11). Installation of the New President and his team of office bearers:

Dr.V.P.Kuriyipe handed over the charge to the incumbent President Dr.Suresh P Joshipura and installed him and his team of office-bearers. All of them were called on to the dais and introduced to the members present.

12). Any other business matter with the permission of the chair:

Dr.S.Sacchidanand sought the permission of the house to bid for the World Congress of Dermatology 2012, though it was too late. The house permitted him to go ahead.

Dr.S.Sacchidanand also informed the house that SARAD has wished to start exchange programs amongst its member countries including India. Young Dermatologists from SARAD countries could be sent to other countries to centres of excellence for a specified period of time for training. IADVL has no financial burden in this program. The house accepted this proposal and agreed that it would strengthen the ties between SAARC nations.

At last, Dr. V. P. KURIYIPE, President, IADVL 2005 adjourned the house.

[This meeting was attended and the resolutions taken endorsed by 58 members of IADVL]

DR. S. SACCHIDANAND, (LM / KT / 1937
Hon. General Secretary,
IADVL

DR. V. P. KURIYIPE, (LM / K / 1146)
President
IADVL



MINUTES OF THE COMBINED CENTRAL COUNCIL MEETING & ANNUAL GENERAL BODY MEETING (For the commencing year 2006)

held during DERMACON 2006 at

DATE: - 4th February (Saturday)

VENUE: Hall B, Shilpa Kala Vedika, Hyderabad

TIME: - 5 -7 PM

Dr. Suresh P. Joshipura, President of IADVL called the meeting to order. He invited all the members of the National Executive for the year 2006 on the dais. The meeting was conducted according to the pre-circulated agenda. He stated the House that every one will be given opportunity and requested the members to co-operate in the proceedings.

1). Confirmation of the minutes of the last CCM & AGBM for the closing year 2005 held on 2nd February 2006 during DERMACON 2006, Hyderabad

Dr. Koushik Lahiri, Honorary General Secretary of IADVL, read out the minutes of the CCM & AGBM for the closing year 2005. The house accepted and passed it.

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 the Dr. Jayakar Thomas as Chairman of the Organising Committee for the conference

The house accepted and passed the above proposal of appointing Dr. Jayakar Thomas as Chairman of the Organizing Committee of DERMACON 2007.

b). Appointment of the Dr. M. Jayaraman as Chairman of the Scientific Committee for the conference

The house accepted and passed the above proposal of appointing Dr. M. Jayaraman as Chairman of the Scientific Committee for DERMACON 2007

c). Reconfirmation of Dr. K. N. Sarveswari as the Organising Secretary of the conference

Dr. K. N. Sarveswari's name was reconfirmed as the Organizing Secretary of DERMACON 2007

d). Selection of the C.M.E. topic, "Improving outcome in the management of psoriasis"

"Improving outcome in the management of psoriasis" was approved as the theme of the CME program during DERMACON 2007

e). Nomination / Election of Central Scientific Committee members

Chairperson:

Dr. M. Jayaraman, Chennai, Tamil Nadu

Ex-officio members for DERMACON 2007:

1. Dr. Suresh P. Joshipura, President
2. Dr. V.P. Kuriyape, Immediate Past President
3. Dr. Chetan Oberai, President (Elect)
4. Dr. Koushik Lahiri, Honorary General Secretary
5. Dr. S. Sachidanand, Immediate Past Honorary General Secretary
6. Dr. A.S. Kumar, Immediate Past Chairperson Scientific Committee, DERMACON 2006
7. Dr. V. Gowri, Immediate Past Organizing Secretary, DERMACON 2006

Members elected from the floor of the house

1. Dr. Frenny E. Bilimoria, Ahmedabad, Gujarat
2. LT Col. R.S. Grewal, Army
3. Dr. P. Narasimha Rao, Hyderabad, (Andhra Pradesh)
4. Dr. V.K. Sharma, New Delhi



5. Dr. Sanjay Ghosh, Kolkata, West Bengal
6. Dr. Usha Gupta, Jabalpur, Madhya Pradesh

Dr. K N Sarveswari invited all to DERMACON 2007.

Dr. Jayakar Thomas informed the house that they have formed different committees including a local scientific committee.

Dr. Suresh P. Joshipura pointed out that the central scientific committee has the ultimate power regarding the scientific programme of any National conference and he proposed that all central scientific committee members given apex air fare by the organizers.

Dr. V.P. Kuriyipe supported him and confirmed that the same was done previously.

Dr. Rui Fernandez suggested that same shall be extended to any member who is traveling for IADVL job.

Dr. V.R. Janaki reminded that in 1995 itself airfare was given to the scientific committee members.

Dr. Jayakar Thomas accepted with pleasure, as precedent and declared that apex rate air-fare will be given to all the central scientific committee members at the time of attending the central scientific committee meeting for DERMACON 2007.

It was also decided that the date of Central scientific committee meeting will be fixed well in advance.

3). (i). **To adopt the proposed budget by the Honorary Treasurer for the year 2006.**

Dr. Arijit Coondoo, Honorary Treasurer IADVL, proposed for the ensuing year 2006 and it was accepted by the house and passed. It was also accepted that conforming to the request of the Chennai organizers IADVL will give seed money of Rs. 10, 00000/- to them. Also informed the House that the sum of Rs. 10,000/- is allotted for the book on Ethical Issues.

(ii). **Appointment of an Auditor for the year 2006.**

Dr. Arijit Coondoo furnished the following details of the new auditor:

Mr. Arabinda Ghosh, M.Com, LLB, FCA

C/O S. Ghosh & CO

C-9, Bharat Bhaban

3, C.R. Avenue

Kolkata-7000 072

Tel: 033-2237 4232(O)

033-2590 5564(R)

FAX: 033-2237 5530

Mob: 98304 63126

This was accepted by the house and passed.

It was decided that as per the resolution taken during Midermacon 2005 at Hyderabad, filing of the IT return will be done from Bangalore (like previous years) by the present Auditors (M/S Srinivasan & Co). It was also decided that Dr. S.D.N. Guptha will liaise with the Honorary Treasurer Dr. Arijit Coondoo and the new auditor at Kolkata to make the process smooth.

4) **Selection of the venue for the 36th National Conference of IADVL to be held during January 2008 (DERMACON 2008)**

There were two contenders for DERMACON 2008. Bhopal (M.P.Branch) and Patna (Bihar and Jharkhand Branch).

Dr. Sacchidanand and **Dr. Koushik Lahiri** informed the house that both these bids reached late, so the said bid had defaulted and now house can discuss the matter afresh and choose any other venue as well.

Dr. C.R. Srinivas proposed the name of Coimbatore.

Dr. Hema Jerajani stressed the need of visiting the proposed place before arriving at a decision.

Dr. Sacchidanand expressed it is only possible if the proposal is made well in advance.

Dr. Bajaj opined as most of the state conferences are held after October, the suggestion of sending the proposal well in advance is not practical as is visiting the place. He also concluded that after Hyderabad and Chennai, DERMACON should not take place in another southern venue. i.e. Coimbatore.

Dr. Amar Kant Jha Amar & Dr. V.K. Sinha assured the members of all facilities in Patna but ultimately withdrew their bid in favour of Bhopal.

Dr. P.S. Chandel gave a detailed presentation on the proposed venue of Bhopal and assured the House that Bhopal has all the facilities and infrastructure required for the Conference as per the guidelines of the National Conference.

Bhopal was declared as the venue for 36th National conference of IADVL (DERMACON 2008).

Dr. Koushik Lahiri pointed out that there was **no name of the proposed organizing secretary of the DERMACON 2008.**

Dr. Suresh P. Joshipura requested the IADVL, MP State branch to send the name of Organizing Secretary, (This matter is still pending after three months)

Dr. Koushik Lahiri reminded and requested all future organizers to send the official bid request to the IADVL secretariat at least SIX months in advance with the name of at least the proposed organizing Secretary and abide by the **proposed constitutional amendments which was endorsed in the GBM (IADVL News letter, VO11, Issue Page 13)**

Dr. F. Handa supported him.



5). Nomination of the "Election Officer" for the conduct of 2006 elections

Dr. A.K.Bajaj, Past President, IADVL, Allahabad, was nominated as the 'Election officer' for the conduct of IADVL elections in 2006.

6). To elect three judges for selection of suitable young dermatologists for IADVL Training Fellowship 2007

- o Dr. Suresh Joshipura, President IADVL
- o Dr. V.P.Kuriyipe, Immediate Past President, IADVL
- o Dr. Rui J. Fernandez, Immediate to Immediate Past President IADVL

7). To elect three judges for selection of young dermatologists for AAD fellowship

- Dr. Suresh P. Joshipura, President, IADVL
- Dr. V.P.Kuriyipe, Immediate Past President, IADVL
- Dr. Chetan Oberai, President Elect

8). To elect judges for the ILDS/WCD 2007 fellowship for young dermatologists

- Dr. Suresh P. Joshipura, President, IADVL
- Dr. V.P.Kuriyipe, Immediate Past President, IADVL
- Dr. Chetan Oberoi, President Elect
- Dr. Rui J. Fernandez, Immediate to Immediate Past President IADVL
- Dr. A.K.Bajaj, Past President, IADVL

The detailed ILDS/WCD 2007 proposal will be published in IJDVL and in IADVL NEWSLETTER.

9). To elect three judges for selecting the Best Branch Award for 2006

- Dr. Koushik Lahiri, Honorary General Secretary, IADVL
- Dr. S. Sacchidanand, Immediate Past Honorary General Secretary, IADVL
- Dr. Amarkant Jha Amar, Immediate to immediate Past Honorary General Secretary, IADVL

10). To elect Direct Central Branch members' representatives to the Central Council

1. Maj Gen AK Jaiswal, Commandant, Command Hospital(SC), Pune-40-Chairman
2. Col AL Das, Prof, Sr Adv and HOD(Derm), CH(SC), Pune-40-Hony Secretary
3. Lt Col R S Grewal, Assoc Prof(Derm), AFMC & CH(SC), Pune-40-Hony Jt. Secy
4. Surg Cdr R Dhir, INHS, Asvini, Mumbai
5. Lt Col S S Vaishampayan, 155 BH C/O 99 APO
6. Lt Col Y S Bisht, 151 BH C/O 99 APO
7. Wg Cdr R Rajagopal, CH(AF), Bangalore
8. Lt Col NS Walia, 153 GH C/O 153 GH C/O 56 APO
9. Lt Col R Verma, CH(SC), Pune
10. Col MPS Sawhney, Sr Adv(Derm), Base Hosp, Delhi Cantt
11. Lt Col Manas Chatterjee, Classified Specialist (Derm and STD), Military Hospital, Jodhpur

Following points were put forward from the Armed Forces Dermatology Group(AFDG),
[Duly signed by Maj General AK Jaiswal, Chairman AFDG]

- Recognition and correspondence:
 - a) The Armed Forces Dermatology Group be considered at par with state IADVL Branches and accepted as such.
 - b) All correspondence on the IADVL matters be communicated to the Chairman (Senior most Armed Force Dermatologist & HOD/Prof/Sr Adv (Derm) CH (SC)/AFMC Pune (Hony. Secretary) & Jt. Secretary(Assoc Prof-Derm-AFMC/PuneCH(SC)
 - c) Invitations to IADVL meetings/Conferenvcnes/CMEs/Updates be communicated to above appointees.
 - d) All direct nominated central council Armed Forces members be ratified by Chairman of the AFDG.
- Focus session: The Armed forces Dermatology Group
 - e) The concept of the focus session of AFDG was accepted in DERMACON 2004(Mumbai) & again in DERMACON 2005(Delhi). This was validated and ratified at the CCM and AGBM at DERMACON 2005
 - f) The theme of the focus session of the AFDG shall henceforth be decided by the Chairman (in consultation with the Scientific Chairperson of subsequent DERMACONs)
- Registration/Delegate fee-IADVL Conf/CME/DERMACON:

The initial registration/delegate fee offer is to be made applicable to all Armed Forces members of IADVL. Cancellation refund be accepted due to exigencies of military service.

Dr. D.K.Gupta opined that it is an excellent idea and should be accepted.

Dr. Suresh P. Joshipura and Dr. Koushik Lahiri opined that this should have been sent earlier as a formal proposal.

However, it was decided that Chairman and Secretary of this group will be invited in the CC Midterm meet and they will interact regularly with the Honorary General Secretary, especially for matters related to change of address.

Dr. Koushik Lahiri and Dr. Amar Kant Jha opined that it should be called Armed Forces Dermatology Unit, and that was agreed upon and accepted.



11. With the permission of the Chair, the proposal of Dr. S.R.Narhari, which was not discussed in the CC and AGBM of the Closing year 2005, was allowed to move in the present meeting, Initially, this was not discussed in the closing years CC and GB as the member was absent. However after much discussion in the GB it was concluded **by Dr. Suresh P. Joshipura that the matter needs further discussion and was postponed for discussion in the next middermamet at Hyderabad.**
12. The formation of various committees as per Part-II, bye-law (1):
With the permission of the House, and as approved in the combined CCM and AGBM of the Closing year 2005, the President, Dr. Suresh P. Joshipura formed the following committees and appointed the following members therein:

1. Finance Committee

1. President, IADVL
2. Honorary General Secretary, IADVL
3. Honorary Treasurer, IADVL
4. Immediate Past Honorary General Secretary, IADVL
5. Immediate Past Honorary Treasurer, IADVL

He also suggested the names of two more eminent members for this committee:

- Dr. Janak Thakkar, Past Honorary Treasurer, IADVL
- Dr. Brijesh Agarwal, Past Honorary General Secretary, IADVL

2. Committee for Development of resources for academic/clinical and public awareness material.

Dr Torsekar Raghunathan in consultation with Maharashtra State Branch will prepare the material and submit the report to the Hon. General Secretary periodically.

3. Website Development committee

IADVL Website committee

Ex-officio

- o Dr. Suresh Joshipura, President of IADVL
- o Dr. V.P. Kuriyipe, Immediate Past President, IADVL
- o Dr. Chetan Oberai, President Elect
- o Dr. Koushik Lahiri, Honorary General Secretary, IADVL
- o Dr. S. Sacchidanand, Immediate Past Honorary General Secretary, IADVL
- o Dr. Uday Khopkar, Editor (Dr. Ameet Valia and Dr. Sangeeta Amladi, Co-Editor), IJDVL
- o Dr. Arijit Coondoo, Honorary Treasurer, IADVL

Members

1. Dr. S. Criton
2. Dr. Janak Thakkar
3. Dr. Ameet Valia
4. Dr. Rajeev Sharma
5. Dr. Atul Kochhar
6. Lt Col Manas Chatterjee

4. Constitution Committee

Over and above the present Committee, Dr. K. K. Rajababu, and Dr. D. K. Gupta, Past Presidents are also included in the committee.

5. MCI Committee:

Over and above the present committee, Dr. V. K. Jain, Haryana State Branch is added.



6. IADVL-NACO liaison Committee

- Dr. D. G. Saple
- Dr Yogesh Marfatia
- Dr Chetan Oberai
- Dr.S.Sacchidanand
- Dr Sanjeev Handa
- Dr. Jaydev Betkerur

7. Committee for quiz programme.

- National coordinators : Dr. S. Sacchidanand
Dr. Hema Jerajani,
- National Quiz master: Dr. S. Criton
Dr. Sandipan Dhar,
Dr. Chitra Nayak

Zonal Coordinators and quiz masters will be decided by the coordinators in consultations with the President Elect and Hon. Gen. Secretary.

Ombudsmen: Dr. Rui Fernandez, Dr. Ganesh Pai

8. Thesis evaluation committee

Dr. Sudhir Pujara
Dr. Binod Khaitan
Dr. G. Raghu Rama Rao
Dr. Ramesh Bhat

In the end, the President. Dr. Suresh P. Joshipura adjourned the House with the vote of thanks and for co-operation of members.

Dr. Suresh P. Joshipura (LM / G / 409)
The President
IADVL

Dr. Koushik Lahiri (LM / WB / 2003)
Hon. General Secretary
IADVL

[P. S. : This meeting was attended and resolutions taken endorsed by 99 members of IADVL]

Change of address?

Are you shifting?

Please inform your state secretary and also the National Secretariat to ensure a smooth and uninterrupted service.



MINUTES OF STATE PRESIDENT AND SECRETARIES MEETING

11.00 AM on 4th February 2006 in Hall D
During DERMACON 2006 at Hyderabad

Members present

National Executives:

- Dr. Suresh P. Joshipura, President IADVL
- Dr. V.P.Kuriyipe, Immediate Past President, IADVL
- Dr. Chetan Oberai, President Elect, IADVL
- Dr. Koushik Lahiri, Honorary General Secretary, IADVL
- Dr. S. Sacchidanand, Immediate Past Honorary General Secretary, IADVL
- Dr. Arijit Coondoo, Honorary Treasurer, IADVL
- Dr. SDN Gupta, Immediate past Honorary General Treasurer, IADVL
- Dr. Raghubir Banerjee, Joint Secretary, IADVL

State representatives:

- Dr. Bipin D. Mehta, President Maharashtra State Branch
- Dr. Chitra Nayek, Secretary, Maharashtra State Branch
- Dr. Samir Vasavada, Secretary, Gujarat State Branch
- Dr. M.D. Popat, President Gujarat State Branch
- Dr. C. Balachandran, President KT Branch
- Dr. Ramesh Bhat M, Secretary KT Branch
- Dr. Anil Ganjoo, President Delhi State Branch
- Dr. Kabir Sardana, Secretary Delhi State Branch
- Dr. S.C. Agarwal, President UP State Branch
- Dr. Arijit Coondoo, President WB State Branch
- Dr. Goutam Banerjee, Secretary WB State Branch
- Dr. Urmimala Das, President NE Branch
- Dr. K.C. Talukdar, Secretary NE Branch
- Dr. S.C. Mallik, President Orissa Branch

Dr. Suresh Joshipura, President, called the meeting to order.

The present members introduced themselves ;

After introduction, Dr Joshipura, in his brief welcome speech, stated that this is for the first time such meeting is organized. He requested the State Office Bearers to cooperate in all the activities of IADVL during the year. He also mentioned that we are going to have MCI Issue Month in which we will sensitize all concern at the State and National Level. In order to create awareness, Vitiligo Day will be observed.

As per the recommendation of the GB of the closing year it was decided that Two Vice Presidents and Two Joint Secretaries will act as zonal co-ordinators

The proposed co-ordinators are

- Dr. Arun Inamadar-South zone
- Dr. Mohan Gupta-Central zone
- Dr. Raghubir Banerjee-East zone
- Dr. Sanjeev Handa-North Zone
- Dr. Chitra Nayek— West zone(co-opted)

These co-ordinators with regular interaction with the respective state branch secretaries will get back to the National office to report on

- Progress of membership drive
- Any problem faced by the concerned state branch
- Any reportable activity

It was decided now the state branches will have to inform the Central office about any proposed conference at the Zonal/State level.

Dr. Khopkar stressed the need to enroll young non member dermatologists (within 3-5 years of their post graduation) in every state as life members of IADVL.



The following points were discussed and a few resolutions were passed:

- Having valid e-mail id is mandatory for all state Presidents and Secretaries
- Stress on membership drive.
 - New member enrolment(In co-ordination with zonal co-ordinators)
 - Maintenance of updated members list and send the new additions to the central office on a regular basis.
 - Sending of correct CFC before the due date
- All state branches should apply for PAN. (as per the proposal of Dr. SDN Guptha)
- Sending the annual report regularly for inclusion in the Newsletter
- Report of activities of the City branches/units.
- Problems faced by any branch
(Some members are not getting any mailers-Secretaries to check with the central office)

Dr. Sacchidanand proposed

- To make it mandatory to mention membership number while registering as delegates. It was also decided to clearly demarcate membership status at the time of registration for future DERMACONS.
- Mentioning of food preference (Veg/Non veg/Jain) in the registration form.

Dr. Koushik Lahiri thanked the Presidents and Secretaries for making them available and promised this meeting will be a regular affair in future. He thanked the organizers for arranging for the room for this meeting.

All IADV L members are requested to always quote their membership (LM/AM/OM) numbers while communicating.



MINUTES OF IADVL FACULTYS' FORUM (Previously known as IADVL Professors' Forum) Hall D, 3rd February 2006, 5 pm Hyderabad

The meeting was chaired by the President of IADVL **Dr. Suresh P. Joshipura**. Immediate past President **Dr. V.P.Kuriyipe** and the President elect **Dr. Chetan Oberai** was there on the dias. The meeting was called to order.

Dr. Kuriyipe initiated the discussion and gave an outline of formation of this forum.

Dr. Suresh P. Joshipura welcomed all the teachers to the first ever meeting of Dermatology teachers in the country. He stressed on

- Fellowship programme
- Preparation of teaching material for PG students
- Ethical issues

Dr. Hemangi Jerajani proposed

To change the name of the forum from professors' forum to Teacher's forum or PG Faculty's forum, to involve many associate and assistant professors and members of faculties who are hesitant to attend the meeting. The house discussed the matter and accepted the logic that it is better to include all the teachers and not only the professors to make it a more wide based forum.

Dr. Koushik Lahiri opined that when we are contemplating of a separate Undergraduate Dermatology paper, we should include UG Dermatology teachers as well; because it is important to know from them the problem they are facing in centers where there is no PG course in Dermatology. He also suggested that the name of this forum should be **IADVL-Facultys' Forum**.

The house accepted this change.

Dr. Hemangi Jerajani also stressed for the need of

- A common syllabi for Dermatology all over the country
- Inclusion of Dermatosurgery in the curriculum

Dr. Chetan Oberai supported the views of Dr. Hema.

Dr. Ranade asked for the criteria for MCI recognition.

Lt Col Grewal elaborated the criteria of MCI.

Dr. P.Srinivas added clinical tutors with the Dr. Grewal's list of suggested faculties in a recognized department.

Dr. Uday Khopkar requested the members to identify themselves and then put forward their respective suggestions one by one.

Dr. JacobThomas expressed his words of apprehension that we should be cautious so that IADVL is not divided into teachers and non-teachers.

Dr. D.M.Thappa expressed his unhappiness that Dermatologists are not consulted in many Medical colleges when framing questions for the final MBBS students.

Dr. V.K.Sharma told that MCI should follow the AIIMS model where Dermatologists frame the questions for the final MBBS students. He also suggested to increase the total scoring number/allotted marks in Dermatology in Final MBBS.

Dr. Yogesh Marfatia also opined for the need of a uniform syllabus which should be made in a structured manner.

Dr. Arijit Coondoo expressed that there should be uniformity between the MD and the DNB examinations.

Dr. Grewal and **Dr. Hema** clarified the high standard of DNB examination and argued that it is the only recognized qualification for an Indian Dermatologists Internationally, and not MD or Diploma.

Dr. Hema told that many institutes in India still do not recognize DNB as a valid qualification.

Dr. P. Srinivas proposed for a talk with the Government authority and to form a syllabus committee.

Dr. Suresh P. Joshipura clarified that a syllabus committee is already there.

Dr. Ranjan Rawal communicated the progress of syllabus committee.



Dr. Kuriyipe opined that this should be circulated in the Faculty's forum.

Dr. Joshipura points out that Dermatosurgery is still not included in the curriculum.

Dr. Sanjeev Handa requested that the syllabus committee can communicate its proposal to the forum

Dr. Kuriyipe opined they should submit their report to the Academic Council, then subsequently IADVL will try to implement those recommendations.

Dr. S. Sacchidanand suggested that the recommendation of the Academic committee to be published in the IADVL Newsletter.

Dr. N. L. Sharma

- Agreed for some uniform guidelines for teaching and evaluation system.
- Argued against following the curriculum of PGI or AIIMS as, as per his opinion, they have plenty of faculty and facilities while state medical colleges mostly are deficient in faculty as well as facilities and also funds. If we once adopt such a curriculum and recommend to MCI and MCI accepts it it will be difficult to get the degrees recognized or start degree afresh. We may make such things like Dermatosurgery etc as superspeciality of Dermatology with refresher courses but not as part of curriculum.
- Voiced his opposition to the new norm of MCQ type paper in MD degree exam which MCI has made mandatory with effect from 2006.
- He also suggested that a mailing list of all the teachers to be made available.

Dr. Koushik Lahiri assured that to start with the names and addresses of the teachers attending this meeting can be published.

Dr. N. G. Nagpur pointed that different rules are governing different private and even Government colleges.

Dr. Hema requested to prepare a list of all the teaching colleges.

Dr. Ranga Rao expressed concern over proper management of departments and the absence of a proper curriculum and guidelines.

Dr. T N Chowdhury informed the house about the very little number of students enrolled in Dermatology.

Dr. Koushik Lahiri informed situation is no different in Bengal.

All agreed that IADVL should try to increase the total number of Dermatology seats in various teaching institutions.

The meeting ended with a vote of thanks by the President **Dr. Suresh P. Joshipura**.

Available details of the members of faculty present:

Group Captain (Dr) PS Murthy
7 Air Force Hospital, Nathu Singh Road
Kanpur 208004

Dr (Prof.) H.K. Kar
Deptt. Of Skin, STD & Leprosy
Dr. R.M.L. Hospital,
New Delhi 110001 Govt. of India

Col. Dr. P. K. Kar
Prof. & HOD, Dermatology & STD
Command Hospital Air Force,
Bangalore 560007

Dr. N. L. Sharma
Prof. & Head of Dermatology
Indira Gandhi Medical College
& Associated Hospitals
Shimla 171001 H.P.

Dr. Arun C. Inamadar
Prof & Head, Deptt. Of Dermatology
SBMP Medical College
Bijapur 586103

Dr. Jayadev Betkerur
"AVANIKA", 1095, HOPCOMS
Road, E&F Block,
Ramakrishnanagar, Mysore 570023

Dr. P. Srinivas
G7, 'B' Block, Paragon Venkatadri
Apartments, Barkatpura,
Hyderabad 500027

Dr. (Mrs.) R. C. Raval
Prof. & HOD in Skin, STD, HIV & Leprosy
N.H.L. Medical College & V.S. Hospital,
Ahmedabad 6

Dr. H. R. Jerajani
Prof. & Head, Deptt. Of Dermatology
L.T.M. Medical College & L.T.M.
General Hospital
Sion, Mumbai 400022

Asso. Prof. Dr. Mrs. Usha Gupta
Kamini-Kunj, 1420, Napier Town,
Near Madan Mahal Rly Stn.
Jabalpur 482001 M.P.

Dr. T. N. Chowdary
Flat No. 303, Sree Ranga Apartments
Opp. Keys High School
Secunderabad 500025

Dr. S. K. Gondhane
D.P. Road, Near Bus Stand,
CHIKHLI,
Dist. Buldana

Dr. Nitin J. Nadkarni
JAYANAND SKIN CLINIC, 1st Floor,
Neelkanth Comm. Complex,
Above Mangal Jewellers, Station Rd,
Near Chembur Station (E)

Dr. P. K. Singh
Asso. Prof. & Head
Deptt. Of Dermatology & STD
SN Medical College, Agra

Dr. Gurcharan Singh
Prof. & HOD Deptt. Of Dermatology
SDUCM. Tamaka
Kolar 563101

Prof. Emeritus Dr. D. K. Gupta
Kamini-Kunj, 1420, Napier Town,
Near Madan Mahal Rly Stn.
Jabalpur 482001 M.P.

Dr. Usha Gupta
Prof. Dr. Arijit Coondoo
Prof. Deptt. Of Dermatology
VIMS, Ramkrishna Mission
Seva Pratisthan, Kolkata

**Dr. D. J. Patil**

25, Aundh Road, Kirkee,
Pune 411020

Dr. Yogesh S. Marfatia

Prof. & Head Deptt. Of Skin & V.D.
Medical College, Vadodara

Dr. Jacob Thomas

Deptt. Of Dermatology
Medical College Hospital Complex
Alleppey 5, Kerala 688005

Dr. C. Balachandran

Dept. of skin & STD Unit I,
Kasturba Medical College & Hospital
Manipal 576119 Karnataka

Lt. Col. R. S. Grewal

Command Hospital (SC)
Pune 411040

Dr. Sanjeev Handa

PGIMER
Candigarh

Dr. Ranjit Ranade

New Clinic, Surya Plaza, 1st Floor,
139 'C', Mahadwar Road, Kolhapur

Dr. S. B. Murugesh

Prof. & Head, Deptt. Of Dermatology
& Venereology,
J.J.M. Medical College,
Davangere 577004

Dr. S. Sacchidanand

Prof. & HOD, Deptt. Of
Dermatology, STD & Leprosy
Bangalore Medical College

Dr. K. Dash

Prof. & Head
KIMS (DU)
Karad 415110

Dr. Raghubir Banerjee

VIMS, RKM Seba Pratishan
Kolkata

Dr. Vinod K. Sharma

Prof. & Head, Deptt. Of Dermatology
& Venereology
AllIMA, Ansari Nagar,
New Delhi 110029

Dr. A. L. Shyam Prasad

M S Ramaiah Memorial Hospital
MSRIT Post, New BEL Road,
Bangalore 560054

Dr. Niranjana G. Nagpur

Prof. & HOD of Dermatology
K.J. Somaiya Medical College,
Hospital & Research Centre,
Everard Nagar, Sion

Dr. G. Ranga Rao

Prof. & Head Dermatology
Osmania Medical College
Hyderabad

Dr. D.M. Thappa

Prof. & Head Dermatology
JIPMER
Pondicherry



IADVL WEBSITE MEETING

4th Feb 2006 between 3.00 pm to 5.00 pm at ANNEXE (Next to meditation room) Hyderabad 2006

Members present:

Ex-officio

- Dr. Suresh P. Joshipura(President)
- Dr. Chetan Oberai(President Elect)
- Dr. Koushik Lahiri(Secretary)
- Dr. S. Sacchidanand(Immediate past Secretary)

Members:

- Dr. Ameet Valia
- Dr. Rajeev Sharma
- Lt Col. Manas Chatterjee

AGENDA

Technical inputs and costing

- Inclusion of various facilities(as already discussed over e-mail)
- Two parts of the site(for public and for the members)
- Discussion regarding e-IADVL(Web based administration of IADVL)
- List server related issues
- Online voting AGENDA:
- Revamping of www.iadvl.com
- Miscellaneous

The meeting was called to order.

Dr. Lahiri briefed the members about the background of the meeting

- The site www.iadvl.com is already there since last few years now.
- **Initially it was floated by the Kerala organizers (Dr. Criton and Dr. Mathew)** before Dermadarshan 2002. Then it was **hosted on Journalontheweb(Dr.Sahu).Dr.Uday Khopkar** with the inputs from **Dr. Sacchidanand** used to update the site on a regular basis.
- P & G are the sponsors for the site.
- Dr. Ameet Valia informed the members that we have a contract with them till June this year
- As was proposed recently and discussed and agreed upon that from now on the journal site has to be handled by a **dedicated team deputed by IADVL**

Dr. Khopkar has done a marvellous job regarding IJDVL and with his efforts is continuing to make us even more proud with every passing day.

But we need to appreciate that iadvl.com is a completely separate project and that needs a lot of planning, effort, time and teamwork as we are planning to revamp the site in line with aad.org or BAD.

He has repeatedly requested that somebody else should handle the iadvl.com.

In the Kochi EC and then in the last CCM at Hyderabad the house requested me to handle this project. I suggested that we should form a core group to handle this project in a proper way.

- As it was started by **Dr. Criton** and maintained by **Dr. Uday**, they will be always with the team as advisors. The other members will be **Dr. Janak Thakkar(Rajkot)**, **Dr. Rajeev Sharma(Aligarh)**, **Dr. Atul Kochhar(New Delhi)**, **Dr. Ameet Valia(Mumbai)** and **Lt Col Manans Chatterjee(Jodhpur)**.
- Dr. Joshipura will formally declare the names of the committee in commencing years GB . .

Dr. Lahiri added that

1. The site will **continue to be hosted on the journalontheweb** server. Dr. Sahu has suggested the same.
2. The domain name **should be blocked for at least another 5 years**. Dr. Sahu to be contacted.
3. There will be **two parts of the site**. One is for anybody who visits, another part for IADVL members. User id can be the unique membership number. Password his/her date of birth .eg 06121966.
4. General public will get some useful and scientific information relating to common skin diseases like vitiligo, eczema, leprosy, AIDS etc and there will be a facility to ask skin and STD related questions.



5. There may be a search a dermatologist option. Names of dermatologists registered with IADVL from any particular town/district/taluka/city can be searched.
Dr. Ameet Valia suggested that the members once logged in should also be able to change their profile and a mail to be generated automatically to the Secretary and Editor.
6. The member will have to log on to go into the second part of the site. journal(www.iadvl.com), constitution(subject to GB's approval), history,search option based full directory,awards, activities, newsletter,state branch details, conferences(National,Zonal,State), fellowship... everything can be placed in it.
7. There should be facilities for **listservers**. The **President/General Secretary should get in touch with the Executive committee/ CC members , state Presidents and Secretaries** through the site and all the mail exchanges should be kept in record for future reference. This can make IADVL into a 24X7 association and many things can easily be sorted out and many wonderful ideas can be formed and worked into. Before we physically reach any ECM and CCM many constructive things and agendas can be chalked out with a high degree of transparency with the involvement of all concerned.
8. Effective **online meeting of State Secretaries** on a regular basis with the National office to ease out day to day problems will be initiated.
9. Another **listserver will be in line with the famous Rx-Derm** (an web-based dermatological group who continuously exchange mails on anything related to dermatology-mainly therapeutics). **Dr. Rajeev Sharma** with the help of Lt Col Manas Chatterjee will be in charge of this.
- 10.. At a later stage we can think about online voting. This facility is there in amny sites.This will **increase the number of votes polled and drastically reduce the expenditure.**
- 11.. Election result to be declared online.
12. **The proposal of online payment through agencies like payment gateway was deferred as it is very costly(as informed by Dr. Ameet Valia) and the members need to be satisfied with the soundness of the system.**



WEBSITE PROJECT PROPOSAL

www.iadvl.com

Home page:

- All the links that are there in the present site www.iadvl.com should be retained.
- Content to be updated in consultation with the secretariat.
- There will be **two parts of the site**. One is for **general public** who visits and another part **ONLY for IADVL members**.

Public Area

- Find a Dermatologists in your city (Alphabetically, IADVL will supply Members directory in MS Excel format, state wise and also the master list)
- Disease Knowledge (Some facts that Public should know-content to be supplied by IADVL)
- Ask a Question (Email IADVL will depute some dermatologist to answer the questions, the dermatologist will change after every month/2 months/3 months to give chance to maximum people)
- About Association
- History-Already there in the site www.iadvl.com ,
- Full list of National Executive-To be given by IADVL
- Names of the past Presidents / Honorary General Secretaries To be given by the secretary
- Links to all state IADVL sites like iadvlmaha, iadvl Delhi, iadvlwb, etc.
Branch President and Secretary and CC members-to be given by IADVL
- Awareness Events-Vitiligo day, Leprosy Day AIDS day etc. observation, details to be given by IADVL
 - Current Events-
 - Future Events
- **Be a member**-downloadable application form (to be supplied by IADVL)-To be filled in as hard copy and duly signed by the proposer and seconder is to be sent to the Secretary with the cheque/draft.
 - Disclaimer
 - Contact Us

Member Area

- Member Login(User id will be the unique membership number. Password his/her date of birth .eg 06121966)
- Edit Profile(**Whenever a member changes his/her profile an auto-generated mail will be sent to the Secretary and the Editor**)
[But if somebody wants to change his state then he should inform the General Secretary first. And upon payment of the state's share to the new branch secretary the change of address can take place. This has to be handled manually]
- List of all the members with all the detail.-Full directory with all the details-To be supplied by IADVL in MS Excel format
- Journal-Just an external link to www.ijdvl.com
- Conferences- To be supplied by IADVL Secretary
- List of various cities / year where earlier National Conferences were held-brief history, links, if available
- Information about forthcoming
 - DERMACON (National conferences)
 - DERMAZONE(Zonal Conferences)
 - CUTICON (State conference)
 - International conferences



- Association's Constitution- The updated constitution will be supplied by IADVL in MS Word format
- Awards & Prizes- To be given by IADVL Secretary
- Details of Awards & Prizes- To be given by IADVL Secretary
- Rules for Award Session- To be given by IADVL Secretary
- Format for Award Session- To be given by IADVL Secretary
- Proforma for Applying for Award Session- To be given by IADVL Secretary
- Prizes for Poster Sessions- To be given by IADVL Secretary
- Details of Orations- To be given by IADVL Secretary
- Rules for Orations- To be given by IADVL Secretary
- The names of the Awardees of Dr. B.M. Ambady oration / GSK & Fullford orations year-wise / topics presented.
- The names of Dr. K.C. Kandhari foundation award winners, and Dr. Dr. J.C. Shroff Memorial Award winners

- IADVL Fellowships details- To be given by IADVL Secretary
- List of Departments and Institutions where fellowship is available in different subjects. List of selected Fellows for the year
- Criteria for (proforma) best branch award
- Secretariat (Correspondence)
- Show All Correspondence- Only accessible by the secretary
- Ask Secretary

- Link to the IADVL NEWS LETTER from the HOME PAGE- Content to be supplied by the secretary
(including Minutes of the meetings of EC / CCM / Midterm meet (AGBM etc))
- Discussion Forum for Diseases-Rx dems pattern open to all members
- Change Password
- Logout

Prepared by

Dr. Koushik Lahiri (LM / WB / 2503)



**MEETING NOTICE, AGENDA AND PROPOSALS
FOR EC MIDERMA MEET 2006**



MEETING NOTICE

Agenda of the National Executive Council Meeting of IADVL 2006 (EC MIDERMAMEET 2006)

Agenda of the first Executive Council meeting of Indian Association of Dermatologists, Venereologists and Leprologists for the year 2006 to be held in Rajkot, Gujarat on 29th and 30th April, 2006

1. Condolence.
2. Opening remarks by the President.
3. Review of Presidential programme:
 - MCI ISSUE and 'MCI issue' month including PG course updates and UG separate paper
 - Web site revamping project
 - Public awareness programme on Vitiligo and observing 'Vitiligo day'
 - IADVL Fellowship programme including SAARC countries
 - Preview of preparation of book on ethical issues.
 - Liaison with NACO, progress report
 - Faculty forum , progress report
 - IADVL-GSK National Quiz programme. 2006
4. Matters related to DERMACON 2007
5. Matters related to DERMACON 2008
6. IADVL-Academy matter-discussion on Dr. Arun Inamadar's Report.
7. Constitution updation
8. WCD/ILDS Scholarship program-Formulation of Guideline
9. Matters related to CC MIDERMAMEET 2006 : Date, Venue, Agenda
10. Membership drive- progress report
11. Matter related to finances and financial committee
12. Matter related to IADVL Text Book
13. Matters related to IJDVL
14. Matters related to IADVL activities
15. Proposals from the EC members
16. Any other matter with the permission of the Chair

Sd/-

Dr. Suresh P. Joshipura (LM / G/409)

President

Sd/-

Dr. Koushik Lahiri(LM/WB/2503)

Honorary General Secretary



PROPOSAL FOR RAJKOT EC

Dr.S.Sacchidanand(LM/KT/1937)

- We can show great honor to our fellow colleagues by printing the BIO-DATA of Dr. K. C. Kandhari award winner, Dr. J. C. Stroff memorial award and Dr. L. N. Sinha memorial award for a young Dermatologist.
- A brief bio-data of the awardees of IADVL - GSK and IADVL-Fullford orations can also be printed in the souvenir for posterity sake.
- The mementos given during the conferences should either be dispensed with or if given it should be "small" enough to be carried back. Sometimes "big" and "very big" mementos are given which cannot be carried back at all.
- Mentioning of AM membership to be made mandatory for participants in the Awards paper session of IADVL conferences.
- Zonal branches of IADVL:
 - a) The President / Vice President and Secretary of the Zonal branch, should be selected from the Elected / Nominated Office-bearers of the branches itself for that current year.
 - b) The enrolment of members and such other activities should still be rested with the State Secretaries and not the Zonal Secretary. We should not create another power centre, which will add to the confusion.
 - c) The Zonal branches can get together for organising DERMAZONE conferences once in two years and hence the term of these office-bearers should be for two years.
 - d) They could rotate the office and office-bearers of the zone from amongst the constituent branches itself.
 - e) They can still be members of the CCM as long as they are office-bearers of the State branch and hence can attend ECM / CCM and Midterm meet of that particular year.

Dr. Koushik Lahiri, Honorary General Secretary (LM/WB/2503) Dr. Arijit Coondoo , Honorary Treasurer and Dr. S. Sacchidanand, Immediate Past Honorary General Secretary(LM/KT/1937), Dr. S D N Gupta(LM/KT/1892) , Immediate Past Honorary Treasurer

- As per the constitution the membership fees needs to be changed once in two years. The last time it was done was in commencing years AGBM 2004. It is time that we look afresh on this matter, discuss it and table the resolution in closing year (2006) GB in Chennai 2007.

We do hereby propose restructuring the membership categories as under:

Class of Membership	CFC (Rs.)	Br. Contr. (Rs.)	JC (Rs.)	Total (Rs.)
(i) Annual Member(Only PG) (To be enrolled for 2/3 years)	Rs. 50/- (40)	Rs. 50/- (40)	Rs. 150/- (120)	Rs. 250/- (200) PA
(ii) Life Member (Only Dermatologist)	Rs. 350/- (300)	Rs. 350/- (300)	Rs. 1400/- (1200)	Rs. 2100/- (1800) One time
(iv) Honorary Member	Shall not be required to pay annual subscription			
(v) Retired Member	Shall not be required to pay annual subscription			
(vi) Overseas Membership	US\$ (120) 150 per year			

CFC and JC to be sent to the Hon General Secretary.

• Restructuring of business meeting schedule of IADVL

Since last couple of years we are having one Midterm CC and since last year one (ONLY) Midterm EC. In the National conference we have the following sequence of business meetings

- CCM for the closing year
- GBM for the closing year
- CCM+GBM for the commencing year



Now after that we are having one midterm EC, and one midterm CC.

So, now we have THREE CCM, TWO GBM but ONLY ONE ECM in a year.

We propose, we should have **at least another EC** during DERMACON (preferably on the CME day) to discuss all the matters before going to the GB.

Also, after the midterm CC, logically, we SHOULD hold one GB. Both the other two CCM are followed by GB. But that is practically not possible.

So, can we go straight to the GB of the closing year during DERMACON without another CC? (We have already discussed the matters once in the midterm CC.) What is the logic of holding two CCM one after another? This is nothing but wastage of time. Both the minutes are almost photocopies of each other. This year there was obvious displeasure among members for the timing of closing year's business meetings which consumed the whole of CME day!

A CCM should, IDEALLY AND LOGICALLY be followed by a GBM to reach a logical conclusion of the matters discussed and resolutions tabled.

Also there is a need of a separate CCM of the commencing year.

So we propose the new calendar of business events of IADVL as under:

- **One EC in the morning hours of CME day(11am-1pm) during DERMACON**
- **Closing years GB on the CME day.(4-7pm) during DERMACON**
- **Commencing years CCM on the penultimate day(3- 4 pm) during DERMACON**
- **Commencing years GBM on the penultimate day(5- 7 pm) during DERMACON**
- **EC MIDERMAMEET in April**
- **CC MIDERMAMEET in August**

That makes **2 EC, 2 CC and 2 GB**.

Dr. Arijit Coondoo(LM/WB-2364)

- **Only members of IADVL can be registered as delegates at DERMACON.** No non-member can register as a delegate except delegates from SARAD countries and other foreign delegates. In the registration from the LM must quote his membership number and the OM must attach a photocopy of his or her current year's receipt. This step may help in reducing the numbers of tourist delegates.
- Pharmaceutical companies will be requested not to hold parallel dinners on the day of the pre-DERMACON CME and 1st and 2nd day of DERMACON within a specified distance (e.g. 200 Kms) of the venue of DERMACON. Holding of parallel dinners (there were at least 3 such on Day 1 of DERMACON 2006) is detrimental to the interests of the sponsors of the official dinner of that particular day. If this practice continues then a time may come when no company will be interested in sponsoring official dinners or banquets.
- **Zonal branches:** To provide for easier management of the affairs of the Association and also to bring transparency into the organization of DERMAZONES the country can be divided into 5 zones: Central, East, North, South and West. Each zone will have under its umbrella a number of states (4 -6). The zonal committee will be elected by a general body comprising of members of these states. This zonal body will be responsible for holding the zonal conferences - the audited accounts of these conferences will be passed by the general body of the zonal members and the profits will be shared by all the member branches according to a formula to be decided by them. In addition the zonal committee will also act as a conduit between the member branches and the zonal co-ordinators appointed by the National IADVL
- **The working year for IADVL National Executive shall henceforth be in accordance with the Financial Year of the Association** i.e. from April 1 of one year to March 31 of the next year. The incoming office-bearers will be installed at DERMACON but the new National Executive shall start functioning from April 1 of that year.

Explanation:

According to the Constitution of IADVL, the cut-off dates for Account, Audits, Membership (to be a valid voter) etc. is March 31. The outgoing Secretary and Treasurer deal with all official matters for 10 months of a particular year - yet the onus for Auditing, completion of membership etc. lies with the incoming office-bearers who are new to the job and are not responsible for whatever happened during the 1st 10 months of the financial year. The transfer of funds, official matters etc. can be done more smoothly if the new Secretary and Treasurer start off from a new Financial and Association year. From DERMACON till March 31 they can be designated as Hon. Secretary-elect, Hon. Treasurer-elect etc. They can spend a fruitful 2 months learning the ropes of the job from the outgoing office-bearers. This, in turn will facilitate the smooth charge hand-over and functioning of the Association.



WINNERS OF VARIOUS ORATIONS, AWARDS AND MEDALS DURING DERMACON 2006

1. PROF. Dr. K.C. KANDHARI FOUNDATION AWARD

For lifetime meritorious service / contribution to Dermatology, Venereologists or Leprology, to bring prestige to the specialty by teaching, research or patient-care etc.

Dr. Raghunath Patnaik (LM/AP/19), Hyderabad

2. Dr. J.C. SHROFF MEMORIAL AWARD

Any Dermatologist, Venereologist or Leprologist above the age of 58 years, whose experience in the field or specialization has been beneficial to the members of the specialty, be considered and awarded this Award

Dr. K. Siddappa (LM/KT/1926), Davangere

3. AMBADDY ORATION: for the year 2005

Dr. Davinder Parsad, PGIMER, Chandigarh: Innovative therapies in Vitiligo

4. IADVL GSK ORATION for the year 2005

Dr. Y.S. Marfatia (LM/G-419), Vadodara: HIV infection in women

5. IADVL FULFORD ORATION for the year 2005

Dr. S.R. Shukla (LM/R-1777), Jaipur: Fixed drug eruptions: Three decades of experience

6. Dr. L.N. SINHA MEMORIAL AWARD

For lifetime achievement to a young Dermatologist for his overall contribution

Dr. Narendra K. Kamath (LM/KT-1874), Mangalore

6. PROF. Dr. H.C. MOHANTIAWARD

For the best paper in Leprosy presented at the 34th National conference of IADVL, Hyderabad, during 2-5th February 2006.

Dr. Meghna Rastogi: Eye changes in leprosy: A study of 100 cases

8. M.G.M. MEDICAL COLLEGE PRIZE

For the best paper presented at the 34th National conference of IADVL, Hyderabad, during 2-5th February 2006 during the award paper session.

Dr. D Veena: Severe alopecia: Comparative study of efficacy of sulfasalazine and betamethasone pulse therapy.

9. Dr. F. HANDA PRIZE

For the best paper presented 34th National conference of IADVL, Hyderabad, during 2-5th February 2006 during the award paper session.

Dr. Amit Bangia: Study of the cutaneous manifestations of lead

10. PROF. B.N. BANERJEE MEDAL

For the original paper presented in the award paper session at the 34th National conference of IADVL, Hyderabad, during 2-5th February 2006

Dr. Gulhima Aera: A study of mucocutaneous manifestations in HIV infection and its correlation with CD4 count

11. Dr. B.B. GOKHALE MEDAL

For the best paper presented in the award paper session at the 34th National conference of IADVL, Hyderabad, during 2-5th February 2006

Dr. Amit Kumar Malhotra: Efficacy and safety of betamethasone oral mini-pulse therapy compared with topical triamcinolone acetonide oral paste in oral lichen planus: A randomized comparative study



12. PROF. K. SIDDAPPA MEDAL

For the best original research paper, presented in the award session at the 34th National conference of IADVL, Hyderabad, during 2-5th February 2006

- Dr. **Balkrishna P Nikam** (LM/M/3984), Sangli, Maharashtra: Comparison of efficacy and tolerability of acitretin versus methotrexate in moderate to severe psoriasis vulgaris

13. PROF. D.K. GUPTA MEDAL

To the female postgraduate for her best paper, giving preference to original research paper, presented in the award session at the 34th National conference of IADVL, Hyderabad, during 2-5th February 2006

Dr. **Makrandi Smita**: Immune reconstitution inflammatory syndrome in patients on antiretroviral drugs

14. Dr. MANU PATEL MEMORIAL PRIZE

Best Poster Presentation amongst the Posters displayed during the 34th National conference of IADVL, Hyderabad, during 2-5th February 2006

Dr. **Abha Bhatnagar**: Comparison efficacy of systemic PUVA and NB/UVB in treatment of vitiligo
Department of Dermatology, Venereology and Leprology, PGIMER, Chandigarh, India

15. Dr. L. MARQUIS MEMENTO AWARD

This award is given to a guest speaker at the National Conference of IADVL for best scientific speech.

Dr. **Fernando M Stengel**: Acne: Therapeutic options for developing countries

16. Dr. BISHNUPRIYA DEBBI AWARD

- The first author of the best paper published in IADVL in 2004:
• Dr. **V. K. Soman**(LM/AP-126), Hyderabad: Pigmentary demarcation lines over the face. Indian J Dermatol Venereol Leprol 2004; 70:336-341
The first author of the best paper published in IADVL in 2005:
• Dr. **P.V.S Prasad**(LM/KT-1959), Tamil Nadu: MDI-MB therapy in paucibacillary leprosy: A clinicopathological assessment. Indian J Dermatol Venereol Leprol 2005; 71:242-245

17. Mrs. INDUBALA MEMORIAL AWARD

- For the best paper published in IADVL during the year from January to December 2004 on the subject of Industrial Contact Dermatitis.
Dr. **Rao Sanath**(LM/KT-1959), Karnataka: Detection of formaldehyde in textiles by chromotropic acid method. Indian J Dermatol Venereol Leprol 2004;70:342-344
For the best paper published in IADVL during the year from January to December 2005 on the subject of Industrial Contact Dermatitis
Dr. **M.K. Singhi**(LM/R-1770) Jodhpur, Rajasthan: Occupational contact dermatitis among the traditional 'tie and dye' cottage industry in Western Rajasthan. Indian J Dermatol Venereol Leprol 2005; 71:329-332

18. Dr. C. S. BHAVANI KUMAR MEMORIAL AWARD

For an exemplary paper presented on Dermatological surgery by a Young Dermatologist below 45 yrs of age.

Laxmisha C: Infrared lamps for faster suction blister induction

19. BEST BRANCH AWARD 2005

For the Best State Branch adjudged during the 34th National Conference of IADVL, Hyderabad during 2-6th February 2006
IADVL, West Bengal State Branch under the Presidentship of Dr. Arijit Coondoo and Honorary Secretary Dr. Goutam Banerjee

20. IADVL GSK National Quiz Program

The finals of the IADVL GSK National Quiz Program was held on 4.2.06 during 34th National conference of IADVL, DERMACON 2006 at Hyderabad.
The winners for 2006 were Dr. Anuradha and Dr. Bindu Rani of Department of Dermatology, Calicut Medical College, Kerala and the Runners up team comprised of Dr. Priyanka Paul and Dr. Aika Goel of Department of Dermatology, Maulana Azad Medical College, New Delhi.



21. AAD Fellowships: for the year 2005:

- Dr.Sunil Dogra(LM/P/3954), PGIMER, Chandigarh
- Dr.Rashmi Sarkar (LM/ND-1543), New Delhi

They will receive a grant from AAD for travel and the registration fees will be waived off. They need to make a poster presentation during the conference.

22. Committee on International Affairs award were given to

- Dr. M. Ramam, AIIMS, (LM/ND/1430) New Delhi
- Dr.Chander Grover(LM/ND/3565), New Delhi

The registration fees will be waived and they will be allowed to attend two sessions on prior intimation. No travel grants will be given.

23. IADVL TRAINING FELLOWSHIPS for the year 2006:

- Mrs. Mayadevi Training Fellowship in Dermatotomy and Phototherapy at PGIMER, Chandigarh under Dr.A.J.Kanwar; Dr.Chidambara Murthy(LM/KT/3193), Bagalkot, Karnataka
- Dermatohistopathology at K.E.M. Hospital, Mumbai under Dr.Uday Khopkar; Dr.Anjana H.Gala(LM/M/3522), Mumbai
- Clinical aspects of HIV/AIDS under Dr.D.G.Saple, Mumbai; Dr.A.D.Sharma, Guwahati, Assam

24. Thesis Evaluation Award:

1) First Prize:

"A study of Diabetic dermopathy: A clinical, dermatoscopy and histopathological correlation" by Dr.K.C.Nischal, Dept. of Dermatology, Seth G.S.Medical College & K.E.M. Hospital, Parel, Mumbai

2) Second Prize:

"Patch testing in hand dermatitis - Evaluation of 50 patients with special reference to common fodder plants of Himachal Pradesh" by Dr Sandip Sarin, Dept. of Dermatology, IG Medical College, Shimla

3) Third Prize:

"Role of High resolution Ultrasound and color Doppler imaging as non-invasive diagnostic tool in Dermatology" by Dr Archana Malik, Dept. of Dermatology, L.L.R.M.Medical College, Meerut.

Future participants of any IADVL Awards, Fellowship Award, competition etc. may please note that it is mandatory to mention your IADVL membership number while applying.



BRANCH ACTIVITIES / REPORTS



ACTIVITY REPORT OF IADVL GUJARAT STATE BRANCH.

31st Annual Conference of I.A.D.V.L., Gujarat state branch was organised by I.A.D.V.L., Vadodara on 16th to 18th December 2005. For the first time at a state level a two day annual conference along with CME was organised. On 16th December 2005, a pre Conference CME was organized at Baroda Medical College, Vadodara.

During CME, we have organised a focused and interactive session on Vasculitis, in which over and above the free papers, Guest lectures on Histopathology of Vasculitis by Dr. Venkatram Mysore and Clinical Approach in Management of Vasculitis by Dr. Binod Khaitan were delivered. Post lunch session was focused on Cosmetology and surgical aspects in our practice. Dr. Malvika Kohli and Dr. Venkataram delivered their best for the session.

Before the end of the day a crown feather was Public awareness Symposium on Myths vs Reality in Dermatology and Cosmetology was organised.

Conference was held at Prakruti Resort with a large and lush green environment. The conference was inaugurated by Dean, Baroda Medical College and Souvenir was released by our President Elect, Dr. Sunesh Joshipura.

Acne, Leprosy, Vitiligo, AIDS, Lichen Planus, Connecting tissue disorders were some of the topics discussed during the conference by eminent Speakers like Dr. Sannjeev Kandhari, Dr. Satish Savant, Dr. B.K. Girhar, Dr. S.K.Noordin, Dr. Koushik Lahiri, Dr. Sanjay Pujari, Dr. Gudula Kirschig, Dr. Rohini Handa, Dr. Rekha Seth.

A Free Paper Session for practicing Dermatologists and Award Paper session for Resident doctors were organised. 27 poster presentations were also accommodated.

On Sunday 18th December 2005, IADVL GSK National Quiz Programme-Western Zone round- was also conducted.

Agala Banquet was held at Kabir Farm House on outskirts of Vadodara.

We have an overwhelming response in terms of 200 registrations for CME and 280 for the Conference. We have tried our best to enrich the conference by inviting the best possible speakers working in various fields.

It was a unique experience and a team efforts of Practicing Doctors and Post-graduate Students of Dept. of Skin and V.D., Medical College, Vadodara with Dr. Ajay parikh, Dr. Chetan Vispute and Dr. Yogesh Marfatia as a Org.Chairman, Org.Co-Chairman, and Scientific Committee Chairman respectively.

Report by

Dr. Chetan N. Patel, (LM/G-401)

Member, Organizing Committee



8th January 2006

HONORARY SECRETARY'S REPORT- MAHARASHTRA BRANCH, IADVL

Dear Members,

The year 2005-2006 was full of academic activities and scientific meetings inspite of being curtailed in duration. We have made efforts to include topics relevant in the current dermatological scenario. We have covered subjects varying doctor-patient interaction to HIV infection treatment. One of the most interesting sessions was on the subject 'Doctor-Patient interaction'. This session was widely appreciated. Our website was updated this year and members could see the clinical meetings held. Our life member strength has risen to nearly about 650, the highest for any state branch. And there are many whose membership is in limbo due to various reasons, so the total may be actually nearer 700.

All this has been possible only with the untiring efforts and skilful guidance of our President, Dr. H. S. Chopade as well as both the Vice Presidents, Dr. Deepak Parikh and Dr. Bipin Mehta who provided solid support. In fact, the persevering efforts of Dr. Chopade and Dr. Deepak Parikh allowed us to hold all our meetings without any registration charges.

Our Anonymous Testing and Counselling Centre was shut down on 9th September 2005. Though a pioneer in HIV testing and counseling services a decade ago, it had probably ceased to be relevant due the widespread availability of these services now. Dr. Ram Malkani, one of our senior members, shouldered most of the responsibility of this centre and sustained it for so long.

Following is in short, the resume of the events of 2005 of IADVL, Maharashtra Branch.

1) Monthly Clinical Meetings

Sr. No.	Place	Date
a)	RGM College, Kalwa	27.1.2001
b)	KEM Hospital	24.6.2005
c)	BYL Nair Hospital	26.8.2005
d)	Sion Hospital	23.9.2005
e)	Hinduja Hospital	18.11.2005
f)	Grant Medical College	2.12.2005
g)	RGM Hospital	18.12.2005

Pune Branch:

Clinical meetings for practising dermatologists are held on second Friday of every month at BJ Medical College, Pune between 12.00 noon to 2.00 pm. Total meetings during calender 2005: 10 All the practicing dermatologists present their work in this meeting.

Meeting starts with a lecture on some new topic, followed by clinical cases, histopathology, therapeutic problem, and ends with a quiz.

Nasik Branch

Clinical meetings are held every month by the Nasik Dermatologists Association.

Kolhapur Branch

Clinical Meetings are held once in three months.

CME on 11th December 2005 included topics Newer therapies in dermatology, retinoids, UVB, newer trends in lasers, dermatosurgery with new innovations.

Navi Mumbai Raigad Dermatologists Association

There were five CME programmes for dermatologists and one picnic for members.

Thane Dermatologists' Association

Number of meetings held throughout the year

Newly begun sub-branch activities

- i) **Vidarbha Dermatologists' Association**
Clinical Meetings and guest lectures were organised every alternate month throughout the year including quiz for members.
- ii) **Ghatkopar Chembur Derma Club**



- Fungal Infections : Dr. Ratna Dhurat 31st October 2004
- Pigmentation: Dr. Lata Trasi, Dr. Bimal Modi & Dr. Patankar 27th February 2005
- Soaps & Shampoos: Dr. Nina Madnani 13th June 2005
- Acne & Skin & Psychiatry: Dr. Rekha and Dr. Asit Sheth 3rd April 2005
- Allergy: Dr. Godse and Dr. Wiquar Shaikh 13th March 2005
- Hair Diseases: Dr. Shehnaz Ansari and Dr. Rajput 12th December 2004
- Antibiotics: Dr. Mahendra Kura and Dr. Rajiv Soman 8th May 2005
- LASERS: Dr. Khalil Mukadam 17th April 2005
- Social Function
- Itchy Scalp: Dr. Udare 9th October 2005
- Management of Psoriasis and Oral Acitretin 13th November 2005
- Dr. V.R.Mehta Quiz Competition for Post Graduates in Dermatology 8th May 2005
- Regular Quiz for PGs and Consultants at every meeting

2) Quarterly Scientific Meeting

- First QSM on "HIV Update" on 28th August 2005 at Hotel Aurora Towers, Pune
- Second QSM on 16th October 2005 at SP Jain Auditorium, Bombay Hospital, Mumbai

PG Lecture Series was held on 29th May 2005 at TNMC Auditorium, Nair Hospital, Mumbai.

Guest Lecture by Dr. Amit Pandya, Dallas, USA on the subject of Management of Pemphigus was held at LTM General Hospital on 16th July 2005.

3) Managing Committee Meetings

- 1) 20.3.2005 : Hotel Intercontinental, The Grand, Mumbai
- 2) 28.8.2005 : Hotel Aurora Towers, Pune
- 3) 16.10.2005 : Bombay Hospital, Mumbai

4) Details of Attendance of the Managing Committee Meetings are:

- a) Attended all three meetings: Dr. H S Chopde, Dr. S C Gwalia, Dr. Manish Gautam, Dr. Raj Harjani, Dr. Mahendra Kura, Dr. Bipin Mehta, Dr. Chitra Nayak, Dr. Narendra Patwardhan, Dr. Deepak Parikh, Dr. V V Pai, Dr. Ashok Shah, Dr. Raju Shah, Dr. Nitin Shah, Dr. Satish Udare,
- b) Attended two meetings: Dr. C M Dambre, Dr. Dhananjay Damle, Dr. Kiran Godse, Dr. Uday Khopkar, Dr. Sharad Mutalik, Dr. J R Parikh, , Dr. G K Shah, Dr. Manish Shah, Dr. R G Torsekar, Dr. Ameet Valia, Dr. Vijay Zavar
- c) Attended one meeting: Dr. R R Chougule, Dr. Nitin Nadkarni
- d) Attended no meetings: Dr. R B Balajiwale, Dr. B G Galgale, Dr. M Y Khedkar, Dr. Sharad Mhaskar, Dr. C M Oberai, Dr. R P Singh

5) The outgoing committee recommends the following office bearers for the year 2006-2007

President	:	Dr. J. K. Maniar	:
Vice President	:	Dr. D. A. Parikh	:
		Dr. Bipin Mehta	
Treasurer	:	Dr. Ashok Shah	
Jt. Treasurer	:	Dr. Mahendra Kura	
Secretary	:	Dr. Chitra Nayak	
Joint Secretaries	:	Dr. Kiran Godse,	
		Dr. C M Dambre	

Advisors: Dr. Chetan Oberai, Dr. R G Torsekar, Dr. Sharad Mhaskar, Dr. S C Gwalia, Dr. H S Chopade

Members of the Managing Committee

Dr. R. R. Chougule, Dr. Dhananjay Damle, Dr. Manish Gautam, Dr. Raj Harjani, Dr. P. D. Joshi-Patodekar, Dr. Uday Khopkar, Dr. Sharad Mutalik, Dr. Nitin Nadkarni, Dr. Vivek Pai, Dr. J. R. Parikh, Dr. P. D. Joshi-Patodekar, Dr. N. G. Patwardhan, Dr. Girish K. Shah, Dr. Manish Shah, Dr. Nitin Shah, Dr. Raju Shah, Dr. Satish Udare, Dr. Ameet Valia, Dr. Vijay Zavar

6) Central Council Members

Dr. H. R. Jerajani, Dr. Chetan Oberai, Dr. Sangeeta Amladi, Dr. H S Chopade, Dr. N. G. Nagpur, Dr. D. G. Saple, Dr. R. G. Torsekar, Dr. Ameet Valia, Dr. S. L. Wadhwa, Dr. R. B. Balajiwale, Dr. Shashikant C. Gwalia, Dr. Sharad Mutalik, Dr. Chitra S. Nayak, Dr. Mahendra Kura, Dr. Nitin Nadkarni, Dr. N. G. Patwardhan, Dr. Satish Udare, Dr. Vijay Zavar

Dr. Chitra S. Nayak (LM / M / 944)

Secretary,
IADVL-Maharashtra Branch



IADVL M.P. Branch

Secretary's report for the year 2004-05

1. In the current year the handing and taking over of President Dr. K.Mishra from the outgoing President Dr. Krishnendra Verma and Secretary Dr. Juzer Hussain from Dr. Kailash Bhatia took place on 1st april 2005.
2. A proposal to start a Derma Journal was put forward to the members Dr. Reddy's Labs.were willing to sponsor the funding for the journal.A circular to this effect was sent to all the members to send the articles for the same.
3. A bid proposal was sent to the National Executive Body of the IADVL by Dr. Juzer Hussain and Dr. Katyayan Mishra for holding a National Conference in 2008 in Madhya Pradesh.
4. State annual conference was held at Ujjain.
5. A proposal to hold a National Conference at Bhopal was put forward in the state conference and the house unanimously agreed to support Dr. K.Mishra and Dr. J.Hussain in the event of conference being allotted to Madhya Pradesh Branch.
6. Election of new office bearers (2005-06) took place during the Ujjain State Conference . The names of these office bearers and central council members is being forwarded in the minutes of general body meeting .
7. Unfortunately the accounts of the M.P. State branch continued to be operated by the past Treasurer because of the unwillingness of the present Treasurer to operate the accounts.That is why no financial reports were submitted in the general body meeting.

Dr. Juzer Hussain(LM/MP/2840)
Secretary
IADVL, M.P.Branch
2005



SECRETARY'S REPORT IADVL, N E STATE BRANCH, 2005

At the onset I would like to welcome each and every member of NE states Branch of IADVL to the Annual General Body Meeting. I would like to shortly highlight the activities of our branch.

1. Membership-
Strength of the branch on 31st December 2004 was: LM-32, OM and AM- 34, total -66.
Now on 31st December 2005 it has increased like: LM-47, OM and AM- 40, total -87
2. Payment of Central Fund Contribution:
 - a) Number of members for whom CFC paid by 31st March 2005: LM-12(New), OM & AM-17(4 LM, 8 OM and 11 AM have enrolled in Dec 2005)
 - b) Date of payment of CFC to the HQ: 15.03.05.
3. Academic activities (Scientific Activities/CM etc under the banner of Branch)
 - a) Midterm meet: Hotel Rituraj, Guwahati: 31.07.05
 - b) Scientific Meet : Hotel Nandan, Guwahati, 09.09.05
 - c) Guwahati Chapter held a few scientific meetings
 - d) DERMAZONE 2005: had dermatology workshop, scientific papers, guest lectures, free papers, award papers etc.
4. Social/ cultural activities for the members:
 - a) Midterm meet at Hotel Rituraj, Guwahati: 31.07.05
 - b) Felicitation of octogenarian and senior members of NE branch of NE IADVL
5. Community health camp at S O S village, Azara, on 20.09.05
6. First time activities:
 - a) We have been able to publish our constitution(Rules & Bye-laws) and the Directory of Members
 - b) To preserve the records of our branch and members we have started our archive. Probably we are pioneer in this activity in the history of IADVL. Biodata of our members are stored in the Archive
 - c) Our branch has published "The North Eastern Journal of Dermatological Sciences"
 - d) We have formed the "Branch Council" with representatives from each member state of our branch
 - e) Our 2nd Edition of website www.neiadvl.org is on net with the Internet version of our journal
 - f) For the first time the Annual conference report is submitted to the branch with financial contribution.
7. Other activities:
 - a) Financial position of our branch has improved in last year.
 - b) We have waived out the annual branch subscription of senior members above 70 years as a mark of respect.
8. Future plan: As we have our own Journal and Financial position has improved may I propose the house to start a "Research Project" relevant to NE India.

Long live N E States Branch of IADVL
Long Live IADVL

Wish you a very happy New Year 2006.
Sincerely yours

Dr. Kanak Ch Talukdar(LM/NE-1579)
Branch Secretary
NE States Branch of IADVL



BRANCH ACTIVITY REPORT IADVL PONDICHERRY BRANCH

The 15th Annual Conference of IADVL Pondicherry Branch was held at Hotel Annamalai International, Pondicherry on 11th December 2005.

The Chief Guest of the conference was Prof. N. Usman, Professor & Head, Dept. of STD, Madras Medical College, Chennai. The function was presided by Dr. Muralidhar Rajagopalan, Consultant Dermatologist, Apollo Hospital, Chennai. The welcome address was delivered by Dr. D.M. Thappa, Organising Secretary.

Doctor Sardarilal Memorial Oration was chaired by Dr. Mahalingam and Dr. K. Matheenthiran. The oration was followed by award paper session and quiz programme. Prize winners were honoured at the conference.

Finally, the general body meeting was held and new office bearers of the association was elected for the year 2005— 2006.

Dr. D. M .Thappa (LM/ND/1425)
President, IADVL, Pondicherry
2005



SECRETARY'S REPORT IADVL, UP BRANCH (2005)

The 23rd Annual Conference of IADVL, UP State Branch was held on 15th and 16th of October 2005 at Hotel 'Little Chef', Kanpur. The patron and Chairperson of Organizing Committee was Dr. Sushil Chandra, Head of the Department, Skin and V.D. Medical College, Kanpur. Some of the distinguished speakers from different states were present in the conference to enrich us with wisdomful scientific feast.

The Mid session scheduled conference was also taken place at Allahabad under the organizational team of Dr. K.G. Singh in the month of April.

I have made 44 new Life members and 34 new Associate members, i.e., total 78 new members with the help of my seniors. At present the total strength of UP-IADVL has raised upto 235 members.

In the GBM of state conference Kanpur the election was held for new office bearers for the year 2005-06. Dr. S.C. Agarwal from Kanpur was elected as the President. Dr. Mukesh Bansal from Lucknow as the Vice President and Dr. Roopak Saxena from Agra as the Secretary cum Treasurer were also elected. Central and Executive Council members were also elected.

At last our state branch membership is growing day by day and we are running various workshops, Meetings and clubs going very successful.

Long Live IADVL

Dr. Mukehs Bansal(LM/UP/2842)

Hony. Secretary cum Trasurer
IADVL, UP State Branch
2005



HONORARY SECRETARY'S REPORT WEST BENGAL STATE BRANCH

Secretary's report for the year 2005-06

Dear Member,

I welcome you all to this Annual General Body Meeting of IADVL, W.B. Branch for the year 2006

Before placing my report, we pay homage to our departed member Dr. Animesh Chatterjee, Past President of the branch, whom we lost during this year. Hope and pray his soul rest in peace.

Last year when you elected me as the Hony. Secretary of the branch, I was quiet apprehensive. But with all your support and co-operation it has been possible for me to complete my tenure without any problem. In this regard my sincere thanks to all my co-office bearers who shared every responsibility with me all the times.

During the year 2005-06, we had a Mid-term and two Special General Body meeting along with 8 Executive Committee and 3 Editorial Board meetings.

Ten Clinical Meeting were held in different teaching institution as per schedule.

During the year 14 Life Members have been enrolled.

You will be glad to know that a new unit of IADVL, W.B. Branch as been formed as "North Bengal Unit".

Everyone knows that Indian Journal of Dermatology, has completed 50 years of its journey. To celebrate the occasion we have organized GOLDCON along with CUTICON 2005 (9th State Conference) on 26th and 27th November, 2005 in a gala way, where many renowned Dermatologists from all over India have participated.

To make it memorable we had the privilege to felicitate our past and present Editors.

We have revamped IJD with new publisher "Medknow Publication". The journal website www.e-ijd.org which was the first of its kind in India has now become totally on line with free full text articles.

Another feather has been added to IADVL, W.B. in this year. It is also the first of its kind among all the state branches of India. We have started publishing "News-N-Views" (Newsletter of IADVL, W. B. Branch).

My sincere thanks to Dr. Koushik Lahiri for his untiring effort to publish this.

In a short while we are going to launch our new association website, of IADVL, WB state branch www.iadvlwb.org. It will be inaugurated by our President Dr. Arijit Coondoo.

It is my privilege to inform you that Dr. Koushik Lahiri, Dr. Arijit Coondoo and Dr. Raghubir Banerjee have been elected as the Honorary General Secretary, Honorary Treasurer and Honorary Joint Secretary of IADVL National Executive, respectively.

I am really delighted to inform you that all the hard works of our members fetched the "Best Branch Award" for IADVL, West Bengal for the year 2005-06.

At last we have been able to procure a PAN Card for our branch. This is also the first among all the state branches.

But everything was not so sweet and smooth. We had elected Dr. Sanjoy Ghosh, the Editor of Indian Journal of Dermatology for the year 2006-2008. But unfortunately due to sudden ill health he has offered his resignation, which has been accepted in the last Executive Committee meeting. We have to elect a new Editor in this meeting. During this interim period Dr. Sandipan Dhar has been asked to take the post of Editor by our Executive Body. In this turmoil untiring effort by Dr. Sandipan Dhar & Dr. Soumya Panda have helped our Journal to tide over the crisis. I sincerely thank them

My dream of having a new space for our association has not come through. Hope the next Executive Committee will fulfill this dream.

During my last tenure, it is my observation that the IADVL Clinical Meetings were confined only to the members of teaching institution. Hope all the members will join actively in those meetings which will be more interesting and beneficial for us.

Lastly, I should apologize to you all if any of my activity has offended anyone.

I have enjoyed working with you. In this respect I should mention Dr. Arijit Coondoo, our President, working with him is really a pleasant experience.

Thank you again
Long Live IADVL.

Dr. Gautam Banerjee(LM/WB-2471)

Hony. Secretary
IADVL, WB State Branch



ASIAN TELEDERMATOLOGY NETWORK (ATN)

Objectives of ATN:

- Reaching the un reached skin diseased(including, Venereal diseases and Leprosy) community by means of Teledermatology in SAARC and Asian Countries
- Sharing and interaction of knowledge on Dermatology, sexually transmitted Infections and eprosy between theatological, Dermatological and dermatopathological teaching learning activities for under/ postgraduate, Nursing and paramedical level in related fields.
- Preparati Dermatologists of Asia and other continents.
- Derman of online Teledermatological Atlas and library for Promoting the online integrated research activities.

In SARAD Executive meeting, 02-02-2006 at Hyderabad, India, as the previous fixed agenda on ATN, it was decided that the ATN should be established and for this establishment Dr. Anil Kumar Jha from Nepal, should take the responsibility as a chief Coordinator. During that meeting the representatives were present from Bangladesh, India, Nepal and Sri Lanka.

Contact details:

ASIAN TELEDERMATOLOGY NETWORK (ATN)
GPO BOX: 8975, EPC: 4193
KATHMANDU, NEPAL

Secretariat: Om Hospital & Research Center Chabhil, Kathmandu, Nepal
Chief Coordinator: Dr. Anil Kumar Jha (Nepal)
E-mail: dranilkjha@hotmail.com



LETTER TO THE OFFICE BEARERS OF THE STATE BRANCHES

Dear All, (Office-bearers of State branches)

As per the resolution passed in the GB and as per the ongoing process of continued and streamlined IADVL activity we are going to hold this years Midterm CC meeting (CC MIDERMAMEET 2006) in Hyderabad on 5th and 6th of August 2006.

It will be a one and half day affair.

I hereby request you to send me the (if not sent already)

- latest list of office-bearers of your respective state branches and
- The Central Council members list.

I need this updated list urgently.

Please try to collect the names from your friends and colleagues and send it to me.

E-mail is preferred.

CC your mail to iadvl@vsnl.net

Also I request all the state secretaries to send the Secretary's report of your respective state branches for the year 2005-06 (if not sent already)

Long live IADVL

Dr. Koushik Lahiri (LM/WB/2503)
Honorary General Secretary

IADVL
IMA House,
Room No 7 (First Floor)
53, Creek Row
Kolkata-700 014
India

Telephone: +91 33 5514 8385(O)

+91 33 2373 0176(R)

Mobile: 91 94330-30178

e-mail: iadvl@vsnl.net

koushik06@vsnl.com

website: www.iadvl.com



PROPOSED GUIDELINES FOR ORGANISATION OF NATIONAL CONFERENCE AND BUSINESS MEETINGS OF IADVL

The **IADVL National Executive body** is the supreme body looking-after the smooth conduct of the Conference. It is guided by the CCM and AGBM.

Due importance has to be given to the "current" Office-bearers of the Association.

IADVL logo has to be prominently displayed in the first information leaflet, brochure, abstract book, the souvenir, on the stage and on the dais. It should also be displayed on any banner used for the purpose of the conference.

A). **CENTRAL SCIENTIFIC COMMITTEE MEETING:**

Rules and guidelines for the central scientific committee invitees:

1. Venue, Month and date of the meeting to be finalized well in advance. The Scientific Committee Chairperson should invite all the members of the committee in writing and he should send the AGENDA of the meeting along with the copies of the applications for the Ambady, IADVL -GSK, & IADVL- Fulford Orations and the papers received for AWARD Paper session.
2. Travel (minimum apex air fare) and accommodation arrangements of the members should be borne by the Organizers of the conference.
3. To discuss the agenda of the Central Scientific Committee meeting. Selection of suitable candidates for Ambady, GSK & Fulford Oration. To select suitable candidates for the Award of J.C.Shroff memorial Award and announce Dr.K.C.Kandhari Life time achievement Award.
4. To select suitable candidates and judges for the Award paper session
5. To overview and finalize the whole scientific content of the conference.
6. Discussion on Organizational part of the conference (this is the part of the meeting held separately before / after the scientific committee meeting in between the President, Hon. Gen. Secretary, Chairperson of the organizing committee and organizing secretary as well as President Elect can also be invited) including the Inaugural ceremony, Valedictory function and inspection of the venue and various arrangements for the conference.
7. Allotment of a stall to IADVL and also to the next DERMACON Conference Organisers as a matter of courtesy.
8. Dr. Ambady was the senior and honorable member of our Association. According to protocol, this oration must be scheduled on the first day of the Conference and other orations like IADVL - GSK & IADVL - Fulford to be scheduled on the subsequent days.
9. Before Ambady Oration begins brief introduction of late Dr. B. M. Ambady may be given with slide photograph of his, projected on the screen.
10. In the background, banner of these orations must be displayed.
11. Daily proceedings may be published with the help of sponsors.
12. During the Plenary sessions and Oration time, the Pharma companies should not arrange any active programmes to attract the delegates to their stalls.
13. The number of parallel sessions should not exceed two. The conference should be held in a main hall plus two smaller halls.
14. Majority of the scientific papers sent may be accommodated as Poster presentations.
15. Prominent place, time and importance should be given to the IADVL - GSK National Quiz program
16. The conferring of **Dr. J. C. Shroff memorial award** and **Dr.L.N.Sinha memorial Award** for Young Dermatologist are to be given just before **Dr.B.M.AMBADY oration** in the Plenary session during DERMACON
17. **SELECTION OF CHAIRPERSONS:**

There should be some guidelines for selection of various chairpersons of the conference. Names from each Branch are to be invited and upon recommendation by the state Secretaries / Presidents of the branches the names can be short listed and should be floated during the Scientific committee meeting and it should be approved by this committee.



B) CENTRAL COUNCIL MEETING FOR THE CLOSING YEAR: (CCM)

This will be presided by the President of IADVL.

1. Venue may be fixed at an early date and informed well in advance to the Hon. General Secretary, to enable him to intimate the venue, time and date to all the Central Council Members.
2. Venue with sufficient and suitable facilities must be selected.
3. Seating arrangement to be made for atleast 200 members.
4. Good quality sound system to be arranged for.
5. Audio / Video recording of the proceedings of the meeting must be made.
6. Arrangement for drinking water and Tea / coffee or cold drinks may also be made.
7. Dais arrangement to seat about 12 to 15 office-bearers.
8. The actual meeting should be conducted as per the Agenda circulated by the Honorary General Secretary of IADVL.
9. Venue of CCM and GBM should be in a separate Room/Hall in the venue other than the hall of Inaugural Function.
10. Declaration of election results for the next year by election officer

Date of the meeting : CME Day, afternoon

Time : Preferably around 2-00 p.m. to 4.00 p.m.

Venue : At the venue of the conference itself.

One responsible individual from the Organising committee should be available for the smooth conduct of the meetings, throughout the meetings.

C) ANNUAL GENERAL BODY MEETING FOR THE CLOSING YEAR: (AGBM)

The meeting will be presided by the President of IADVL.

1. IADVL Secretariat to inform officially to all the members about the time, date and venue. This may be well in advance. However, in the Brochure of the Conference, the Organizing Secretary of the National Conference should include this information in consultation with the Honorary General Secretary of IADVL.
2. The venue of the meeting may be decided at an early date and intimated to the Hon. General Secretary, to enable him/her to circulate the same to the members of IADVL
3. Good, spacious, well-ventilated venue may be selected, befitting for the gravity and dignity of the conduct of the Annual Meet of a National level Association.
4. Seating arrangement for a minimum of about 350 members may be made or depending upon the number of life members registered for the conference.
5. Good quality sound-system and drinking water may be arranged. Arrangements for serving of Tea and coffee must be made.
6. Audio / Video recording of the proceedings of the meeting must be made
7. Dais arrangement to seat about 12 to 15 office-bearers must be made well in advance of the commencement of the meeting.
8. The actual meeting to be conducted as per the Agenda distributed by the Honorary General Secretary of IADVL.
9. Constitutional installation of incoming body of IADVL to be done in this meeting.

Date of the meeting : CME Day afternoon

Time : one hour after the meeting of Central Council (4.30 to 6.30)

Venue : in a separate Room/Hall in the venue other than the hall of Inaugural Function in the same room where CCM was held.



D) INAUGURAL FUNCTION OF THE CONFERENCE :

The Inaugural function will be presided over by the Incoming President.

The Inaugural function should be finalized in consultation with the President, President-elect and the Honorary General Secretary

- This is an IADVL function. Hence the President (previous year) & Hon. General Secretary should be consulted before finalizing or making any changes in the function.**
- To be scheduled after Annual General Body Meeting for the closing year.
- Duration of this function to be about an hour.
- Venue to be decided by Organizing Committee of the Conference, preferably main hall of the conference. Alternatively any place within the venue capable of accommodating all the registered delegates of the conference.
- Dais arrangement :** On the dais, The President incoming of IADVL, out going President of IADVL, Honorary General Secretary, Organising Chairman of the conference, Organizing Secretary of the Conference, Scientific committee Chairman of the Conference, President (Elect), Chief Editor, Chief Guest of the function and Guest of Honor of the Conference if any, shall be seated. (The vice-Presidents, Joint-secretaries and other important office-bearers of the conference can be made to sit in the second row behind the first row of dignitaries)
- The office-bearers of the Conference should escort the Dignitaries of the function to the dais.

LAYOUT OF DAIS ARRANGEMENT OF INAUGURAL FUNCTION.

Joint Organizing Secretary	Organizing Secretary	Honorary General Secretary	President Elect	President Incoming	Chief Guest	Outgoing President	Organizing Committee Chairperson	Chairperson Scientific Committee	Treasurer	Editor of IJDVL
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Joint Secretary	Joint Secretary	Vice President	Vice President	Vice President	Vice President	Joint Secretary	Joint Secretary
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- The Chief Guest of the function should be seated in the center and on his either side, the Out going President and President incoming shall be made to sit. Next to be seated are President-elect and the Chairperson of the Organising Committee on either side of the Presidents. On either side of these dignitaries Scientific Committee Chairperson and the Honorary General Secretary of the conference (IADVL) are to be seated. The Organising Secretary of the Conference is to be seated next to the Honorary General Secretary of IADVL. The Honorary Treasurer, Editor of IJDVL and Joint Organizing Secretary are also to be seated in the front row on either side.
- In case there are any other dignitaries they should be seated next to the Organising Committee Chairperson and the Scientific Committee Chairperson.
- The first row of the main hall must be reserved for Past presidents of IADVL, Past Hon. General Secretaries and office bearers of the current year.

10. Programme of Inaugural Function :

- | | |
|--|---------|
| 1. Prayer / Invocation: | 2 mins |
| 2. Welcome address by the Chaiperson of the Organising Committee | 3 mins |
| 3. Introduction of guests | 5 mins |
| 4. Vote of thanks by the outgoing President | 3 mins |
| 5. Ceremonial installation of President & Incoming team of Office - bearers. | 3 mins |
| 6. Presidential Address | 8 mins |
| 7. Inauguration of conference by the Chief Guest | 3 mins |
| 8. Inaugural Speech by the Chief Guest | 10 mins |



- | | | |
|-----|---|--------|
| 9. | Felicitation of out-going team by the newly installed President. | 3 mins |
| 10 | Awarding of Dr. K. C. Kandhari Life Time Achievement Award by the President. | 3 mins |
| | a). Brief introduction of the Awardee. | |
| | Citation to be read by the Honorary General Secretary of IADVL. | 5 mins |
| | b). Felicitations and bestowing the award by the President. | 2 mins |
| 11. | Release of Book of Abstract, Souvenir, CDs, Books written by the members of IADVL
- by the newly installed President and the Scientific Committee Chairman | 5 mins |
| 12. | Vote of thanks by the Organising Secretary of the conference. | 5 mins |

(Total duration: 60 minutes)

Date: On the day of the CME OR on the morning of the I day of the conference

Time: Compulsorily after AGBM of the closing year.

Venue: As per the decision of the Organizing Committee of the conference

P.S:- The organizers may make suitable changes in the above protocol only with prior consultation with the President & The Honorary General Secretary of IADVL.

PLENNARY SESSION

□ First day:

- | | |
|--|-----------|
| ● Presentation of Dr. J. C. Shroff Memorial Award | 2 minutes |
| ● Speech by the awardee | 3 minutes |
| ● Presentation of Dr. L. N. Sinha Memorial award for the young Dermatologist | 2 minutes |
| ● Dr. B.M Ambady Oration | |

□ Second day :

- IADVL GSK Oration

□ Third day :

- IADVL FULFORD Oration
- IADVL GSK PRESIDENTIAL GOLD MEDAL QUIZ PROGRAMME :

Day : Second day of the Conference

Time : To be fixed in consultation with the President, President(elect), Hon. General Secretary

Venue : To be decided in consultation with the President, president (Elect), Hon. General Secretary and the National Quiz program Co-ordinator

Programme : To be decided by National Executive of IADVL in consultation with the co-ordinator of the quiz programme, quiz master and the sponsorer.

E) COMBINED CENTRAL COUNCIL MEETING AND FIRST ANNUAL GENERAL BODY MEETING FOR THE COMMENCING YEAR (CCM & AGBM):

(This meeting is presided over by the Incoming President of the year)

1. IADVL Secretariat to inform officially to the members about the date, time and venue. The Organizers of the National Conference to decide the venue and intimate the same to Honorary General Secretary to enable him to circulate the same to members. However, the same may also be included in the Brochure of the Conference.
2. Usually, the venue of this meeting is the same as that of AGBM of closing year. Hence the same arrangements can be repeated.



3. Good, spacious and airy venue which can accommodate about 350 members may be selected to deserve the Annual Meet of National Level Association.
 4. Dais arrangement for about 12 to 15 persons may be made for seating the office bearers.
 5. All the arrangements listed for the conduct of CCM / AGBM for the closing year may be made for this meeting also.
- Date of meeting : Second (penultimate) day of the conference
Time : 5-00 p. m.

Venue: Same as that of AGBM for the closing year

F). VALEDICTORY FUNCTION :

1	2	3	4	5	6	7	8	9	10	11	12	13
Org. Sec next DERMACON	Joint Org. Sec.	Scientific Committee chairman DERMACON	Org. Secretary DERMACON	Org. President DERMACON	Imme. Past President IADVL	President IADVL	President Elect	Gen. Secretary IADVL	Vice President	Vice President	Honorary Treasurer	Honorary Secretary

Date : On the last day of the conference after the closure of the Scientific function.

Time : Around 1 PM

Venue : Main hall of the conference

- (i). The venue of the Function to be announced by the Organizing Committee of the Conference.
- (ii). Dais Arrangement: Same as for A. G. B. M. The President of IADVL along with his office-bearers to be seated on the dais. Further, the Executive Committee members and the members of organizing committee of the DERMACON and the organizing secretary of the next DERMACON are to be seated on the dais
- (iii). Programme of the function:
 - o Welcome speech by the Organizing Secretary 2 minutes
 - o Address by Chairperson Organizing committee of DERMACON 3 minutes
 - o Address by President 3 minutes
 - o Address by Immediate past president 3 minutes
 - o Address by President elect 2 minutes
 - o Presentation of awards, announcement by the Hon. General Secretary 15 minutes

- 1) Dr. Leslie Marquis Award for the best invited lecture
- 2) M. G. M. Medical College Prize
- 3) Prof. H. C. Mohanty Award
- 4) Dr. F. Handa Award
- 5) Prof. B. N. Banerjee Award
- 6) Dr. B. B. Gokhle Medal
- 7) Prof. K. Siddappa Medal
- 8) Prof. D. K. Gupta Medal
- 9) Dr. Manu Patel Memorial Prize
- 10) Dr. Bishnu Priya Debi Award
- 11) Indubala Award
- 12) Dr. C. S. Bhavani Kumar Memorial Award
- 13) Best Branch Award
- 14) IADVL Training fellowship. Etc.

N.B.

- 1) Dr. J.C. SHROFF AWARD and Dr. L. N. SINHA YOUNG DERMATOLOGIST AWARD is to be given in the plenary session just before the DR. B.M. AMBANDY ORATION.
- 2) DR. K.C.KANDHARI AWARD is to be given during the inaugural function.
 - iv. The Hon. General Secretary to bring with him / her certificates, medals etc. and to announce the name of winner of the Awards.



- v. Distribution of Appreciation Certificate by IADVL to organizers of the National Conference.
- vi) Address by the Organising Committee or Organising Secretary of the ensuing National Conference of IADVL (DERMACON).
- vii) Appraisals and views of the delegates of the Conference.
- VIII Invitation by the Organising Secretary of the ensuing DERMACON
- IX Vote of thanks by the Organizing Secretary of the conference

SCIENTIFIC SESSIONS:

Dr. Ambady and Dr. Shroff were the senior and honourable members of our Association. According to protocol, these orations and Awards are to be scheduled on the initial days of the Conference and other orations like Glaxo, Fulford etc. be scheduled on the successive days.

Before Ambady and Shroff Award begin, brief introduction of late members may be given with slide photograph. In the background, banners of these orations to be displayed.

OTHER USEFUL SUGGESTIONS:

- Daily proceedings may be published as usual, through the sponsorer.
- During the prime proceedings of scientific sessions, the stall holders may be requested not to arrange any active programmes at their stall.
- During the prime proceedings of scientific sessions, the pharmaceutical companies should not arrange satellite symposia.
- During the prime proceedings of scientific sessions, the local tour/site seeing programmes may not be arranged to justify the conference activities.
- No parallel dinners to be arranged by any Pharma companies, except on the day when the organizers do not organize any dinner.

Proposed by

- Dr. R. G. Valia
- Dr. A. K. Bajaj
- Dr. K. K. Rajababu
- Dr. Suresh Joshipura
- Dr. S. Sacchidanand
- Dr. Koushik Lahiri



ANNEXURE-II

PROPOSED RULES FOR AWARDS, MEDALS AND PRIZES

1. The Scientific Committee Chairperson will invite the application for the awards
2. **The participant must be a member of our Association and must register his/her name as a delegate to the National Conference.**
3. A summary of the paper of approximately 200 words should accompany the application.
4. The work may be of the competitor alone or may be of a group of persons.
5. While selecting the participants for the award of medals and prizes, preference will be given to those participants who have not participated earlier if the subject and the quality of the work of both the participants, (i.e., those who have participated earlier and those who are participating a fresh) appear to be similar. This is to create room for other competitors.
6. Chairperson of the Scientific Committee should have the discretionary power to select total 12 entries for the competition in the event of more entries. The time allotted for the session for competition papers cannot be more than 1 & 1/2 hours.
7. The selection of the recipients for awards will be done by a panel of 3 judges nominated by the President of IADVL, Chairperson and Members of Scientific Committee.
8. A letter should be sent to the concerned persons who have kept the awards mentioning the name of the recipient of the award along with a copy of the abstract of the paper presented by him / her.
9. In case the prize is not awarded due to any reason or the papers are not up-to prize winning standard, then the whole interest amount will be added to the separate S.B.Account. But the Scientific Committee should attempt the awarding of all the medals and prizes, unless there are overwhelming reasons. The withheld medal or prize, should it be there, should rotate among all the medals and prizes. It should not happen that only one is withheld every time.
The numbers of best papers to be selected depend on the number of prizes and medals that are available and as all the prizes and medal carry equal value, then the number of papers selected as best will be according to the number of prizes and medals available.

General Rules for the award of Prize for the Poster Presentation

1. The Chairperson of the Scientific Committee will invite the application for the award.
2. The participant must be a member of our Association and must register his / her name as a delegate of the National Conference.
3. A summary of the poster paper of approximately 200 words should accompany the application.
4. Preference should be given to the work of the competitor alone while awarding the prize.
5. A participant should not take part if he/she has received the prize for his/her earlier participation. This is to create room for other competitors.
6. The selection of the recipients for the awards will be done by a panel of 3 judges nominated by the President of Indian Association of Dermatologists, Venereologists, and Leprologists, Chairperson and Members of Scientific Committee.
7. A letter should be sent to the concerned persons who have kept the awards mentioning the name of the recipient of the award along with a copy of the abstract of the paper presented by him / her.

DETAILS FOR MEDALS, AWARDS AND PRIZES

1). **PROF. Dr. K.C. KANDHARI FOUNDATION AWARD**

1. The total amount kept in fixed deposit is Rs.50, 000/-
2. The award is given every year at the National Conference of the IADVL to the personality for his / her lifetime meritorious service / contribution to Dermatology, Venereology or Leprology, to bring prestige to the specialty by teaching, research or patient-care etc.

2). **Dr. J.C. SHROFF MEMORIAL AWARD**

1. The total amount kept in F.D. is Rs. 15,000/-
2. Any Dermatologist, Venereologist or Leprologist above the age of 58 years, whose experience in the field or specialization has been beneficial to the members of the specialty, be considered and awarded this Oration.

3). **PROF. Dr. H.C. MOHANTIAWARD**

1. The total amount kept in a fixed deposit is Rs.25, 000/-.
2. The award is given to a person for the best paper in Leprosy presented at the national conference.



4). M.G.M. MEDICAL COLLEGE PRIZE

1. Total amount kept in F.O. is Rs. 10,000/-
2. The prize is given to a person below 35 years of age, who is a member of IADVL for his/her Best paper presented at the National Conference of IADVL during the award paper session.

5). Dr. F. HANDA PRIZE

1. The total amount kept in Fixed Deposit is Rs. 50,000/-
2. The prize is given to a person below the age of 35 years, who is a member of IADVL for his/her best paper presented at the National Conference during the award paper session.

6). PROF. B.N. BANERJEE MEDAL

1. The total amount donated is Rs. 10,000/-
2. This medal is awarded to a person below the age of 35 years, who is a member of IADVL, for his/her original research paper, either presented in the award paper session at the time of National Conference or published in IJDVL during that year.

7). Dr. B.B. GOKHALE MEDAL

1. The total amount donated is Rs. 10,000/-
2. This medal is awarded to a person below the age of 35 years, who is a member of IADVL for his/her paper presented during the National Conference during the award paper session.

8). PROF. K. SIDDAPPA MEDAL

1. The total amount kept in fixed deposit is Rs. 10,000/-
2. The medal is awarded to a postgraduate, who is a member of IADVL for his/her best paper, giving preference to original research paper, presented in the award session at the time of National Conference.

9). PROF. D.K. GUPTA MEDAL

1. The total amount kept in fixed deposit is Rs. 10,000/-
2. The medal is awarded to a Female Postgraduate, who is a member of IADVL for her best paper, giving preference to original research paper, presented in the award session at the time of National Conference.

10). Dr. MANU PATEL MEMORIAL PRIZE

1. Total amount kept in fixed deposit is Rs. 10,000/-
2. The prize is given to the Best Poster Presentation amongst the Posters displayed during the National Conference of Indian Association of Dermatologists, Venereologists and Leprologists.

11). Dr. L. MARQUIS MEMENTO AWARD

1. The total amount kept in fixed deposit is Rs. 15,000/-
2. This award is given to a guest speaker at the National Conference of IADVL for best scientific speech.

12). Dr. BISHNUPRIYA DEBI AWARD

1. The total amount kept in fixed deposit is Rs. 10,000/-
2. The first author of the best paper published in IJDVL every year is entitled to get this award.

13). Mrs. INDUBALA MEMORIAL AWARD

For the best paper published in IJDVL, during the year on the subject of Industrial Contact Dermatitis.

14). Dr. L.N. SINHA MEMORIAL AWARD

1. It is to be awarded to a young Dermatologist below the age of 45 years
2. This is a lifetime achievement award and is to be given to a personality for his overall contribution and not only scientific achievements
3. The committee to select the recipient will comprise of the President and the Secretary of the association along with the President elect for the next year.
4. The award should be given in rotation on Zonal basis.



15). Dr.C.S.BHAVANI KUMAR MEMORIAL AWARD

- 1). It should be awarded to a Young Dermatologist below 45 yrs of age.
- 2). It should be awarded to an exemplary paper presented on Dermatotomy.

16). IADVL GSK National Quiz Program

- 1). The finals of the IADVL GSK National Quiz Program should be held during DERMACON every year allotting a prominent time and place for the same.
- 2). The Quiz master and the Convener for the Final Quiz program should be appointed by the President, President Elect and the Honorary General Secretary
- 3). The final five teams are selected, one from each zone, by conducting Zonal quiz programs much earlier to the National Conference
- 4). M/s. GSK will be facilitating the conduct of the Quiz programs at all levels, by providing the logistics for the conduct of the same.

ANNEXURE III

RULES FOR ORATION

1. All orations should carry the same prestige. There should not be any ranking of the oration. The orator need not necessary be a member of IADVL. and a person, who is not a member of IADVL, if he/she has done commendable work in our specialty, will be eligible for nomination for the oration.
2. There need not be any restrictions for the nomination of the persons for the orations and while nominating a person, importance should be given to the academic achievements but not to the number of times he / she has been nominated earlier.
3. The awardee should have made a significant contribution in any one particular field of Dermatology, Venereology or Leprology.
4. These contributions should have been published in one or more of the indexed journals of our specialties
5. An independent review of the contributions of the candidate ought to be made by more than one referee selected from among the members of the Academic Committee of our Association and these recommendations should be graded and placed before the Scientific Committee for final decision.
6. The committee should attempt the awarding of all the three orations, unless there are overwhelming reasons. The withheld oration should it be there, should rotate among the four ones. It should not happen that only one is withheld every time.
7. Orators should be given at least a period of three months for the preparation for the oration. Accordingly the schedule of announcements in the journal, last date for nomination etc. should be decided.
8. If not full oration, a summary of the oration of approximately 1000 words, should accompany the nomination.
9. The Organising secretary, not the Chairperson of the Scientific Committee, should be in charge of getting the memento and the amount from the donors that he should receive, one and a half months earlier. Or course, the Chairperson, Scientific Committee, should intimate to him the names chosen for the orations. This is to ensure that both should reach the venue of the conference.
10. When the oration is decided, the concerned donors (i.e. Mrs. Ambady or her family, M/s. GSK and M/s. Fulford) are informed about the details of the oration.

DETAILS FOR ORATION

Dr.B.M.AMBADY ORATION

1. The oration amount is Rs.10,000/- a memento and a certificate. (Amount to be given by IADVL)
3. The orator may be appraised of the contributions Dr.B.M.Ambady has made to the specialty, as also his bio-data which should help him / her to make reference to this in the preamble to the oration.

IADVL - GSK ORATION

1. Award consist of cheque for Rs. 10,000/- a memento and a certificate.
2. The award amount and memento has to be collected every year from the company

IADVL - FULFORD ORATION

1. Award consist of cheque for Rs. 10,000/- a memento and a certificate.
2. The award amount and the memento has to be collected every year from the company.



HISTORY OF ORATIONS, AWARDS, MEDALS AND PRIZES BEING AWARDED BY THE IADVL

I. ORATIONS:

DR. B. M. AMBADY ORATION

The late Dr. Bhaskar Menon Ambady was born on 28 December 1912. After passing M.B.B.S., he joined Rangoon Medical College and then the Indian Army. He joined the Military Hospital, Coimbatore in 1943 as a specialist in dermato-venereology.

In his memory, Mrs. Ambady gave a donation to the Association for this Oration, which carries a prize, memento and certificate. This oration is awarded to any person who has done significant and commendable work in the field of dermatology, venereology and leprosy, that must have been published in any indexed journal of our specialty.

IADVL GSK ORATION:

This oration was started in the year 1970 by M/s. Glaxo India Ltd. (presently known as Glaxo Smith Kline Pharmaceuticals Ltd.) as a service to our specialty.

It carries a cash prize, memento and certificate. This oration is awarded to a person who has made a significant contribution in Dermatology, Venereology or Leprology. Any person who has done commendable work in the specialty and published their work in one or more indexed journals is eligible for this oration.

IADVL FULFORD ORATION:

M/s. Fulford (India) Ltd. started this oration in the year 1985. It carries a prize, memento and certificate. The oration is awarded to a person who has made a significant contribution in any particular field of dermatology, venereology or leprosy, and must have been published in any indexed journal of our specialty.

II) AWARDS, MEDALS & PRIZES

PROF. DR. K. C. KANDHARI FOUNDATION AWARD:

This award was started in 1998 in memory of the late Prof. Dr. K. C. Kandhari, who was the first Prof. and Head, Dept. of Dermatology & STDs, All India Institute of Medical Sciences, New Delhi. The amount for this award was donated by Late Prof. K C Kandhari Foundation. Dr. Sanjeev K. Kandhari his son is holding the post of "Secretary".

This award carries a cash prize, certificate and memento. It is given every year at the National Conference of the IADVL to a personality for his/her lifetime meritorious service or contribution to dermatology, venereology or leprology that has brought prestige to the specialty by teaching, research or patient care.

Prof. Dr. J. C. SHROFF MEMORIAL AWARD

This award is given in memory of the late Dr. J. C. Shroff from the donation given by Mrs. Shantaben J. Shroff, his wife. Dr. Shroff was the Hon. Prof. and Head, Dept. of Dermatology and Venereology, Grant Medical College and Sir J. J. Group of hospitals. This award carries a medal, certificate, and cash prize.

It is awarded to any dermatologist, venereologist, or leprologist who is above the age of 58 years and who will share his or her lifetime experience, which will benefit our members.

DR, LESLIE MARQUIS MEMENTO AWARD:

The late Dr. Leslie Marquis was a President of the IADVL. He was Professor Emeritus at T. N. Medical College and B. Y. L. Nair Hospital, Mumbai.

This award carries a memento, cash prize and a certificate. This award is given to a guest speaker for the best scientific talk at the National Conference of the IADVL.

DR. L. N. SINHA AWARD:

This award was launched in the year 2005 in the memory of the late Dr. L N Sinha, Professor of Dermatology, Magadh Medical College, Gaya, Bihar. It is donated by the IADVL, Bihar and Jharkhand State Branch.

The Award is given for academic excellence in dermatology, venereology and leprology for a dermatologist below 45 years of age.



PROF. B. N. BANERJEE GOLD MEDAL:

The name of Dr. B. N. Banerjee can never be forgotten due to his selfless and active services to the Association. Dr. B. N. Banerjee was a Professor of Medicine Medical College, Kolkata, after passed in M.R.C.P. in England in 1956. He was the key man to start D. Dermat Course 1959 onwards. Later, D. Dermat was amalgamated with D.V. Course and D.D.V. Course was born. Dr. B. N. Banerjee was a great academician and clinician with towering personality and a great heart, and was possessing sympathetic and father feature with his students. He published many International Publications, which were presented in World Congress. In 1982 in Tokyo, he was decorated by International Society. He was the editor of Indian Journal of Dermatology. He was the key person for amalgamation of two Dermatological and Venereological Society into one i.e. IADV&L. Dr. B. N. Banerjee was the First President of Present Day IADV&L at Udaipur. He passed away in 1983 in November.

This award carries a gold plated medal, a certificate and cash prize. It is given to a member of the Association aged below 35 years for the best original research paper, either presented in the award session during the National Conference or published in the IJDVL during that year.

DR. B. B. GOKHALE MEDAL:

This medal was made from the fund donated by Dr. B. B. Gokhale's well-wishers, colleagues and students on the occasion of his 75th birthday on 9 May 1985.

Dr. Gokhale was born in Kolhapur in 1909. He was Prof. and Head, Dept of Dermatology and Venereology, B. J. Medical College and Sassoon Hospital, Pune. He established the Poona District Leprosy Committee.

The award carries a gold plated medal, certificate and cash prize. It is given to a person below 35 years of age, who is a member of the IADVL, for the best paper presented during the award session at the National Conference.

PROF. F. HANDA PRIZE:

This prize was started in 1980 from the donation of Dr. Ferdinand Handa of Patiala. Dr. Handa was born in 1932. He was awarded the M. D. (Derm.) in 1964 from Punjab University and was the Prof. and Head, Dept. of Dermatology and Venereology, Medical College, Patiala.

The prize carries a cash prize and a certificate. It is given to a person who is a member of the IADVL aged below 35 years for the best paper presented during the award session at the National Conference.

DR. BISHNUPRIYA DEBI AWARD:

This award was started by the donation of Dr. Bishnupriya Debi of Cuttack from the year 1990.

This carries a certificate and cash amount. The award is given to the first author of the best paper published in the Indian Journal of Dermatology and Venereology during the year.

INDUBALA DEVI AWARD

This award is given by the past President of the IADVL, Dr. Kalyan Banerjee, Asansol, West Bengal, in memory of his mother, Indubala Devi, who passed away in 2001.

It is given for the best paper published on the subject of industrial contact dermatitis (or, if no good articles are published, on contact dermatitis) in the Indian Journal of Dermatology, Venereology and Leprology during the year.

M. G. M. MEDICAL COLLEGE PRIZE:

This prize was started out of the contribution given by the organizers of the National Conference held at Indore during the IADVL Conference in 1981.

This award carries a certificate, and cash prize. This prize is given to a member of IADVL below the age of 35 years for the best paper presented at the award paper session during the National Conference.

PROF. H. C. MOHANTI AWARD:

Prof. H. C. Mohanti is the retired Prof. Emeritus and Head of Dept. of Dermatology and Venereology, Medical College, SCB Medical College, Cuttack. This award is given every year at the National Conference of IADVL to the person for the best paper in leprosy presented during the conference.



PROF. K. SIDDAPPA MEDAL:

This award is given from the donation given by Dr. K. Siddappa, retired Prof. and Head, Dept. of Skin & S.T.D., J.J.M. Medical College, Davangere, who is also a Past President of the IADVL. Dr. K. Siddappa was born in 1934 in Karnataka. He is also a social worker.

The medal carries a gold plated medal, a certificate and cash amount. This medal is given to a postgraduate who is a member of the IADVL for the best paper, giving preference to original research paper, presented in the award session at the IADVL National Conference.

PROF. D. K. GUPTA MEDAL:

Dr. D. K. Gupta, retired Prof. Emeritus and Head, Dept. of Dermatology and Venereology, Medical College, Jabalpur, was born in 1932 at Jaunpur. He has also done his Ph. D. and is a Past President of the IADVL.

The medal carries a gold plated medal, a certificate and cash prize. It is awarded to a female postgraduate who is a member of the IADVL for the best paper, giving preference to original research, presented in the award session at the National Conference.

DR, MANU PATEL MEMORIAL AWARD:

Dr. Manu Patel was born in 1940. He was attached as Honorary Dermatologist to various hospitals of Mumbai. The award was started out of a donation given by his family members.

The award carries a certificate and cash prize. It is given to an IADVL member for the best poster presentation amongst the posters displayed at the National Conference.

BEST BRANCH AWARD:

This award, consisting of a certificate and memento, is given by the IADVL from 1989 onwards to one branch that is adjudged the best branch for that year.

DR C. S. BHAVANI KUMAR MEMORIAL AWARDS

This award has started from 2006 in memory of the late Dr. C. S. Bhavani, who was a senior dermatologist in Hyderabad, by his wife Dr. C. Sridevi. This award is given for the best paper presented on dermatological surgery during the IADVL National Conference by a dermatologist younger than 45 years.

While the utmost care has been taken to collect the data, if any lacunae or errors are noticed, please draw my attention to them.

*Compiled by
Dr. Suresh P. Joshipura LM/G/409*



THESIS COMPETITION Proposed Rules for competition

- Only candidates successful in MD/DNB (Dermatology) exams during the last one year can apply.
- Candidates must mention his/her AM number of IADVL. His membership status to be confirmed by the guide.
- Only one application may be sent per institute per year accompanied by a recommendation from the Head of the Department that also certifies the authenticity of the work done and the time frame in which the study was completed. If more than one candidate has appeared during the year under review, the head of the dept. should recommend only one of them based on merit. The applications by the candidates should be on a standard form supplied by IADVL. The form should be available for download on www.iadvl.com
- Applications with dissertation (one hard copy in print and three soft copies on CD) preferably with a copy of the approval letter of the Institutional Review Board/Ethics Committee/Academic Committee clearing the study proposal should be sent to the Central secretary by a fixed date e.g. **31st July**. The print and soft copies **should not** have identifiers like name of the dissertations, guide, institution or city.
- The applications and the thesis should be randomly code-numbered by the Secretary and then sent to the dissertation evaluation committee chairman with blinding of names of candidates and identity of institutes or cities.
- Members of the thesis evaluation committee (minimum 3 members) should study the soft or hard copies individually and then hold preliminary discussions to short list 10 good dissertations keeping in mind the criteria set forth in the following evaluation form.
- Thereafter the selected 10 dissertations in print format should be evaluated together by the committee and then each member of the evaluation committee should individually fill up the evaluation form for each of the selected 10 dissertations and send it individually (all 10 forms together) to the central Secretary.
- The Central Secretary, in consultation with the IADVL President, should then make a ranking of the various dissertations based on the marking done by the evaluation committee and declare the top 3 in terms of ranking as the best ones. Further ranking inside the top 5 is probably unnecessary. If more than 3 dissertations share the same marks they should all be declared as within the top 3 ranks. DISSERTATION EVALUATION FORM

Serial no.

Title of Dissertation:

MARKS DISTRIBUTION

		Total marks	Marks obtained	Remarks
I	Thesis title & introduction	10		
II	Review of literature	10		
III	Study protocol	20		
IV	Presentation	20		
V	Originality	20		
VI	Applicability	20		
		100		

I. TITLE (6 MARKS)

- Precise (Focussed and brief) (2 marks)
- Informative (2 marks)
- Contains research question that gives insight to thesis content (2 marks)

II. INTRODUCTION (4 MARKS)

- Give historical background and current problem statement leading to research question (2 marks)
- States the research question (RQ) or hypothesis (2 marks)

III. REVIEW OF LITERATURE (Maximum 10 MARKS)

Relevance 2- Completely relevant
 1- Somewhat relevant



Sample size

Was a biostatistician involved in sample size calculation?

- 4 marks- Yes, and the sample size is adequate
- 4 marks- No, but sample size is adequate (as evaluated by evaluator)
- 2 marks- Explanation given by a dissertationist about inadequate sample size, is acceptable to evaluator and biostatistician.
- 0 marks- sample size is inadequate for any statistical significance.

Guidelines:

1. Precision = sq. root of sample size (n)/ standard deviation
2. Reference: Zodpey SP. Sample size and power analysis in medical research. Indian J Dermatol Venereol Leprol 2004;70:123-128
3. Reference: Bach LA, Sharpe K. Sample size for clinical and biological research. Aust NZ J Med 1989;19:64-8.

Was the thesis completed in stipulated time?

- Yes- 2 marks
- No- 0 marks

IV. PRESENTATION OF THE THESIS (20 MARKS)

Sequencing in proper format

Title
Index
Introduction
Aims and objectives
Materials and methods
Review of literature
Results
Discussion
Conclusions & summary
Bibliography
Acknowledgments
Study proforma (Case record form)
Master chart

Is the above sequencing of format followed?

- 3 marks- Completely
- 2 marks- Incompletely with minimum deviation
- 1 mark- Incompletely with gross deviation

Are the graphs/ tables/ pictures/ included?

- Graphs- 1 mark
- Tables - 1 mark
- Photographs with legends Adequate- 1 mark
Good quality- 1 mark
- Illustrations and others 1 mark

If yes,

1. Are the proper guidelines followed for above?

- 3 marks Yes
- 0 mark- No

Reference: <http://library.nymc.edu/informatics/ThesisGuidelinesSPH03.pdf>



2. Are they self-explanatory?

- 1 mark- Yes
- 0 mark- No

3. Does it reflect that the dissertationist has understood the data presented in tables/graphs etc.?

- 2 mark- Completely
- 1 mark- Partially
- 0 mark- Not at all

Print (Total marks 6)

- 1 mark- Standard font used
(Arial, Times roman, Courier with letter height of 10-12)
- 1 mark- 1 inch margin on both sides, top and bottom, double spacing of text except for tables, quotations, foot-notes, figures, captions, White bond paper used without being holed
- 1 mark- Spelling mistakes (computer spell check done using either English or US spellings but not a mix of the two)
- 1 mark- No grammar mistakes
- 1 mark- Text is easily readable
- 1 mark- master chart is easily understandable

V. ORIGINALITY (20 MARKS)

Following information is furnished by a dissertationist/applicant in the application while applying. Please refer to application form, as you may be needed to crosscheck the information for evaluation of this section.

Is a similar study report available in published literature?

- i) If the answer to above is no - 20 marks will be allotted,
- ii) If the answer to above is yes,

a. Where was the previously reported study done?

- Abroad (no Indian reports are available in published literature or on internet): 10 marks
- Other Indian university/ institution Less than 2 Indian reports: (5 marks)
- More than 2 Indian reports: (2 marks)
- Same university (0 marks)

b. Was the title matching the present study?

- 0 marks- Yes
- 1 mark- No

c. What was the sample size compared to the previous study?

- 3 marks- More
- 1 mark- Same
- 0 mark- Less

d. Was the study design

- 3 marks- Different
- 1 mark- Same

Can the CRFs be produced when asked for?

- Yes: 3 marks
- No: 1 mark

VI. APPLICABILITY (20 MARKS)

- i) Clinician's assessment (clinical study) 5 marks- Extremely useful
- 4 marks- Useful
- 3 marks- Somewhat useful
- 2 marks- May be useful
- 1 mark- Less likely to be useful

If the subject is non-clinical, opinion by an epidemiologist/ molecular biologist/ geneticist/others that the study is

- 5 marks- Extremely useful
- 4 marks- Useful
- 3 marks- Somewhat useful
- 2 marks- May be useful
- 1 mark- Less likely to be useful



ii) Who is likely to be benefited most from this study?

(Maximum marks-5)

- 2- Clinician in direct/ indirect patient management
- 1- Clinician in understanding the subject
- 1- Researcher
- 1- Epidemiologist

iii) Will this study helpful in improving quality of life?

- 3- Definitely
- 2- Probably
- 1- Could be helpful

iv) This study

- 3- Explores altogether new data.
- 2- Adds on to the existing data significantly.
- 1- Contrasts/ Comparable with the existing data

v) Does this study focus on a problem that is particularly more common in India?

- 4- Certainly
- 2- Probably
- 1 No, the problem is not particularly common in India.

MARK SHEET

		Total marks	Marks obtained	Remarks
I	Thesis title	10		
II	Review of literature	10		
III	Study protocol	20		
IV	Presentation	20		
V	Originality	20		
VI	Applicability	20		
		100		

As proposed Dr. Uday Khopkar(LM/M-728)



APPLICATION FORM FOR THESIS COMPETITION

IADVL/AM No

For office use
Application no.

Name

Age/sex

Qualification

Institution

Date of passing MD/DNB examination

Name of the University to which dissertation was submitted

Title of dissertation

Name and affiliation of the Thesis guide

Signature of the applicant

Remarks(mentioning that he/she is a bonafide member of IADVL) and signature of Head of the Department

N.B.

This page of the application will be retained by Central Secretary and will not be passed to evaluators
For office use

Application no.

Please answer the following questions to furnish information about originality of your thesis document. Information given by the applicant will be cross-checked by the evaluators. Providing false information is liable for disqualification automatically.

I. Is a similar study report available in published literature?

Yes/ No (Please tick)

II. If the answer to above is yes,

a. Where was the previously reported study/studies done?

	Yes	No
Abroad		
Abroad but no Indian report available in published literature or on internet		
Indian university/ institution		
Same university		
Number of Indian reports available till date of submission of research		

b. Was the title matching the present study?

Yes/ No

c. What was the sample size (n) in previous study?

d. Was the study design

(Please tick the appropriate)

Same

Different

III. Can the Case Record Forms (CRFs) of your study be produced when asked for?

Yes / No

As proposed by Dr. Uday Khopkar(LM/M-728)



PROPOSED IADVL CONSENSUS GUIDELINES 2006: MANAGEMENT OF STEVENS-JOHNSON SYNDROME (SJS) AND TOXIC EPIDERMAL NECROLYSIS (TEN)

IADVL Therapeutic Guidelines Committee members:

- Dr. V.K. Sharma, Professor and Head, Department of Dermatology and Venereology, AIIMS, New Delhi (Chairman)
- Dr. H.R. Jerajani, Professor and Head, Department of Dermatology, LTM Medical College and Hospital, Sion, Mumbai
- Dr. C.R. Srinivas, Professor and Head, Department of Dermatology, PSG Hospital, Coimbatore
- Dr. Ameet Valia, Consultant Dermatologist, Mumbai
- Dr. Sujay Khandpur, Assistant Professor, Department of Dermatology and Venereology, AIIMS, New Delhi

Summary

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are common dermatological emergencies characterized by necrolysis of the skin and mucous membrane. They usually occur secondary to drug intake. The common drugs implicated are antiepileptics, antibiotics, antitubercular agents, NSAIDs, antihypertensives, etc. With the advent of HIV infection, there has been a multifold increase in their incidence. SJS and TEN is responsible for a great deal of morbidity and mortality as a result of temperature dysregulation, fluid and electrolyte imbalance and septicemia leading to multiorgan failure and death. It is a potentially fatal disease with mortality rate of 10-30%.

The prognosis depends upon the extent of skin and mucosal involvement and the time of initiation of therapy. Withdrawal of the offending drug is the first step in the management of this condition. Conservative management forms the mainstay of therapy. It includes fluid and electrolyte replacement, nutritional support, temperature regulation, prevention and treatment of infection by daily dressings and broad-spectrum antibiotics and ophthalmic, oral and pulmonary care. The role of specific therapy is still debatable and there is no universal consensus on their utility in this disease. A short course of corticosteroids early in the course of disease may be used. Cyclosporine and IVIG have shown variable results in different studies and may be used. Thalidomide has been proven to be detrimental and is not recommended.

Introduction

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are acute life-threatening necrolytic mucocutaneous diseases, generally induced by drugs.

It is believed that TEN and SJS are part of a spectrum and a consensus classification has been formulated (Table 1).¹

Table 1: Classification of Stevens-Johnson syndrome-Toxic epidermal necrolysis

Stevens-Johnson syndrome :	Epidermal detachment <10% of the body surface area (BSA)
Stevens-Johnson syndrome-toxic epidermal necrolysis overlap :	Epidermal detachment is 10-30% of BSA
Toxic epidermal necrolysis :	Epidermal detachment >30% of BSA.

Etiology

The reaction is independent of the dose of the drug and is idiosyncratic. The incubation period is typically a few days to 3 weeks (mean 14 days),¹ but less than 48 hours in a patient who has a history of a similar reaction to that drug.¹ Over 100 drugs have been implicated, but most cases are caused by a few drugs only (Table 2).¹ The most common drugs administered for a short term that are related with SJS-TEN are sulfonamides, penicillins, quinolones, cephalosporins and acetaminophen.¹ Long acting sulfonamides carry a higher risk.¹ Among the drugs used for longer periods, the increased risk is confined largely to the first two months.¹ The commonly implicated drugs in this category include carbamazepine, phenobarbital, phenytoin, valproic acid, oxicam group of NSAIDs, antitubercular drugs, antiretroviral agents and allopurinol. NSAIDs with long half-lives have a higher risk.¹ SJS-TEN may be occasionally caused by viral infections.

Assessment of patients

The patient should be hospitalized and treated on an emergency basis, and managed preferably along with a physician and an ophthalmologist. References to a pulmonologist, physiotherapist, and plastic surgeon may also be needed. For accurate classification, the extent of detached and detachable (i.e. necrolytic) epidermis (which is often much less than the area of erythema) at the worst stage of the disease, and the nature of discrete lesions (widespread purpuric lesions or flat atypical target lesions) need to be determined.¹ The extent of body surface area involved should be estimated by the rule of nine (Fig. 1). Apart from the cutaneous findings, the vital signs, urinary output, and any clinical evidence of infection or septicemia should be noted.

Table 2: Drugs associated with SJS and TEN

Drug class	Associated drugs
Sulfonamides	Sulfadoxine, sulfadiazine, sulfasalazine, co-trimoxazole
Anticonvulsants	Carbamazepine, barbiturates, hydantoin, lamotrigine, felbamate
Antibiotics	Cephalosporins, fluoroquinolones, vancomycin, aminopenicillins, doxycycline, erythromycin, ciprofloxacin, cycloserine
Antitubercular	Thiacetazone, rifampicin, isoniazid, ethambutol
NSAIDs	Phenylbutazone, piroxicam, diclofenac, sulindac, ibuprofen, ketoprofen, naproxen, valdecoxib, celecoxib, rofecoxib
Antigout	Allopurinol
Muscle relaxant	Chlormezanone
Lipid-lowering	Clofibrate, atorvastatin
Benzodiazepine	Tetrazepam
Anthelmintics	Thiabendazole, albendazole
Antimalarial	Mefloquine
Diuretic	Methazolamide
H2 blocker	Cimetidine
Beta-blocker	Carvedilol
Antifungal	Terbinafine
Traditional medicines	Ginseng
Antineoplastic	Cyclophosphamide
Antiviral	Acyclovir, nevirapine

Investigations

The following investigations should be done for all patients: complete blood count (normocytic and normochromic anemia and lymphopenia are common), serum electrolytes, urinalysis (hematuria and proteinuria indicate renal involvement), blood sugar (elevated blood sugar and glycosuria may occur due to stress, infection, and possibly pancreatitis), liver function tests (SGOT and SGPT are slightly elevated in half the patients, and, occasionally, frank hepatitis may develop, induced by drugs, sepsis or shock), renal function tests (blood urea nitrogen and serum creatinine levels may be raised because of dehydration), chest radiograph, blood culture, skin biopsy (if indicated), and HIV (ELISA). Blood culture and sensitivity can be performed if indicated. Phosphate levels must be measured and corrected if necessary.⁷

A skin biopsy helps confirm the diagnosis. Early lesions show moderate perivascular mononuclear cell infiltration in the papillary dermis, with epidermal spongiosis, exocytosis and necrotic keratinocytes scattered along the dermoepidermal junction.⁸ Close contact between dyskeratotic (necrotic) keratinocytes and sparse mononuclear cells ("satellite cell necrosis") may be seen. The necrosis later extends from the basal cells to the entire epidermis. In established TEN, the necrosed epidermis is detached from a little altered dermis, sometimes resulting in a subepidermal bulla.

Immediate management

Withdrawal of the offending drug

The causative drug should be identified and discontinued. However since there is no test to identify the offending drug beyond doubt, the usual practice is to stop all drugs that are not life saving. Death rates are reduced when the causative drugs with short elimination half-lives were withdrawn early, but no difference is seen for drugs with long half-lives.^{9,10}

Fluid replacement

Intravenous fluid replacement should be done in consultation with a physician / pediatrician or in the Burns Unit and an intake output chart should be maintained. Peripheral venous access is usually necessary for the first 48 hours and may thereafter be used intermittently to meet the patient's needs.¹¹ A peripheral site distant from the affected area should be preferably chosen.

The fluid requirement of TEN patients are usually two-thirds to three-fourths of those of patients with burns covering the same area (**Table 3**).¹² The approximate fluid required during the initial 24 hours is calculated using the Parklands formula: Fluid requirement = 4 ml/kg body weight x percentage of body surface area involved determined by the rule of nine. Three-fourths of this amount is required for a patient with TEN. This requirement is met using Ringer Lactate.

Table 3: Maintenance of fluid balance in TEN

Fluid replacement

The initial replacement is two-thirds of burns patients (4 ml/kg body weight x body surface area involved)
Half the calculated fluid is administered in the first 8 hours and the other half in the next 16 hours

Maintenance regimen

The urine output is maintained at more than 1000 1500 ml/day
The total replacement should be urine output +500ml
Total fluids = oral (tube feeding) + intravenous fluids (DNS or normal saline)

Nutritional support

After admission, an oral liquid diet, nasogastric tube or total parenteral nutrition should be initiated. If feasible, oral feeding is always preferred. Early and continuous enteral nutrition decreases the risk of stress ulcers, reduces bacterial translocation, enterogenic infection and allows early discontinuation of venous lines.¹³ Caloric requirements are calculated as 30-35 Kcal/kg per day. Proteins (approximately 1.5 g/kg per day) are given to avoid a negative nitrogen balance. An example of a model liquid diet supplying 2000 kcal/day is shown in **Appendix I**.

Dressing

The aim of local treatment is to minimize heat and fluid loss, prevent infections and provide a moist environment to promote re-epithelization. If viable dermis can be protected from toxic detergents, desiccation, mechanical trauma and wound infection, spontaneous epithelization in 1-3 wks without scarring is the rule.¹⁴ It has been recommended that the detached or detachable epidermis should be left in position as a biological dressing and that only the denuded skin be covered with a dressing. Debridement is advised only for sloughed skin or necrotic skin that can no longer serve as a barrier.¹¹ Condy's compresses (potassium permanganate 1:10,000) or petrolatum impregnated gauze pieces (non-stick dressings) are inexpensive alternatives. Bactigras or collagen dressings can also be used. Adhesive material should be avoided. Silver sulfadiazine application should be avoided because it may precipitate TEN. An air fluid bed or waterbed may add to patient's comfort.

Temperature regulation

The environmental temperature should be maintained at 30-32°C to reduce caloric losses through the skin and the resultant shivering and stress.¹²

Antacids and analgesics

Antacids reduce the incidence of gastric bleeding. Ranitidine 150 mg twice daily or pantoprazole 40 mg once daily before breakfast can be infused. Medications for pain (e.g. pethidine 25-100 mg intramuscularly or subcutaneously, or tramadol 50-100 oral or intramuscularly) and anxiety (e.g. diazepam) are essential and can be used if the respiratory status permits.¹¹

Initiation of disease specific therapy

There is no universal consensus on specific therapy in SJS/TEN. Various drugs like corticosteroids, cyclosporin, cyclophosphamide, pentoxifylline, thalidomide, plasmapheresis and intravenous immunoglobulins (**Appendix 1I**) have been used but there are few controlled trials.

Corticosteroids

The use of corticosteroids is debatable. Some reports have described a dramatic improvement with steroids, usually when initiated at an early stage in a slowly evolving case of TEN.¹⁵⁻²¹ However, others have reported cases occurring in patients on long term corticosteroid therapy or increased mortality after steroid administration.²²⁻²⁵ Systemic corticosteroids prolong wound healing, increase the risk of infection, mask early signs of sepsis, and may precipitate gastrointestinal bleeding, thus increasing mortality.²⁶ Once a large area of dermis is uncovered, i.e. >20% of BSA, the advantages of the treatment would be far outweighed by its drawbacks.¹¹ The advocates of corticosteroid use urge that the initial event in the pathogenesis of SJS-TEN is the classical cell mediated immune response, which may be delayed and modified by corticosteroid use.²⁷

Keeping all the above arguments in mind, we suggest that if corticosteroids are to be used, they should be initiated during the initial stage and rapidly tapered off. Treatment with oral (prednisolone 1-2 mg/kg per day) or parenteral steroids (dexamethasone in a high dose, 8-16 mg daily, or hydrocortisone) can be started within the first 72 hours of onset in a patient with a still limited skin surface involvement to prevent widespread diffusion, and continued for 3-5 days followed by rapid tapering.²⁸⁻³¹

Cyclosporine

Cyclosporine inhibits the principal cellular populations involved in the pathogenesis of TEN, i.e. activated T lymphocytes, macrophages and keratinocytes. It also interferes with the metabolism of TNF- α and possesses anti-apoptotic properties. Thus, cyclosporin interrupts disease progression and decreases the time taken for complete reepithelization.³²⁻³⁵ It has been used in the dose of 3-5 mg/kg per day orally or intravenously for up to 2 weeks followed by weaning over another 2 weeks.³⁵ It can be administered by breaking the soft gel capsules, mixing the contents in apple juice or orange juice and administration via a nasogastric tube. Grapefruit juice should be avoided as it is a cytochrome P-450 inhibitor and unpredictably increases the amount of cyclosporine absorbed.³⁶

Most common side effects associated with long-term cyclosporin treatment like hypertension and renal toxicity are not seen with treatment with short duration of treatment. However septic complications and severe leucopenia (<1000 cells/mm³) should be watched out for.³⁵

Intravenous immunoglobulins

The widespread apoptosis in SJS-TEN is partially mediated by binding of Fas-L with CD95 (Fas) death receptors and TNF- α with TNF-R1 receptors present on keratinocytes.²⁷ Intravenous immunoglobulin (IVIG) possesses anti-Fas activity in a high concentration.^{37,38} Fas blocking antibodies in IVIG inhibit keratinocyte apoptosis by blocking the binding of Fas-L to Fas receptors. Additionally, IVIG has anti-infectious property, and also corrects protein and fluid loss.

In patients with normal renal function who can afford the drug, the recommended total dose is 2 g/kg, which can be given as 0.4 g/kg per day for five consecutive days. Infusion vials of 100 ml with 5g IVIG OR 200 ml with 10g IVIG are available. The amount administered is included within the total volume of fluids administered in order to avoid fluid overload. Potential side effects associated with IVIG include risk of thromboembolism (since it increases blood viscosity), hemolysis, vasomotor symptoms and anaphylactic reactions.³⁹ High cost is the limiting factor of IVIG therapy. The data so far has shown conflicting results with the mortality benefit likely to be small. In two large series, mortality occurred in 20% and 27% IVIG treated cases, which is comparable to 30% mortality occurring in cases receiving no specific intervention.^{40,41}

Thalidomide

Thalidomide was proposed as a treatment of TEN because of its potent TNF- α inhibition. However, studies have shown it to be detrimental.⁴² Thus, thalidomide should not be used in SJS-TEN.³²

Cyclophosphamide, Pentoxifylline, N-acetyl cysteine, Plasmapheresis

These were reported to have some benefit in cases with SJS-TEN,⁴³⁻⁴⁸ but other studies have not found any definite benefit.^{49,50} Hence, we do not recommend their use.

Continuing management

Ophthalmic and oral care

While re-epithelization of skin usually takes about three weeks, pressure areas and mucosae often remain eroded and crusted for two more weeks.⁶ Prevention of ocular sequelae requires two hourly instillation of eye drops, either physiological saline or antibiotics. Ointments can be used at night. Developing synechiae are disrupted by a blunt instrument. Ophthalmic referral reduces the risk of long-term complications. Oral and nasal crusts should be removed regularly using normal saline soaks and topical petrolatum. Oral hygiene should be maintained with normal saline squishes or antiseptic or anesthetic mouth washes. Saline lip compresses with petroleum jelly application can be advised for the lips.

Pulmonary care

Lung involvement may be complicated by pulmonary edema during fluid replacement. Pulmonary care includes normal saline aerosols, bronchial aspiration and postural drainage by turning the patient to different sides.

Antibiotics

To prevent early infection, urinary and intravenous catheters should be changed regularly. The role of prophylactic antibiotic is controversial. Since most centers do not have the infrastructure for barrier nursing, prophylactic antibiotic may be considered for widespread skin involvement. Empirical coverage should include one antibiotic having anti-staphylococcal activity and one effective against gram-negative bacteria (**Appendix III**). In case barrier nursing is available, blood cultures are done at admission and then every 48 hours. If possible, culture of the skin and catheter tip every 48 hours is also suggested. Antibiotics can be initiated either when direct proof of sepsis exists, i.e. when blood cultures are positive, or as soon as indirect signs of sepsis occur, i.e. hypothermia, fever or shivering after the fourth day, diminishing level of consciousness, falling urine output, failure of gastric emptying and any sudden change in the condition.¹¹ In such cases, antibiotic prescription is not totally blind, as frequently the cause of sepsis is the bacterial species that predominates on the skin.⁷ *S. aureus* is the main bacterium present during the first few days; gram-negative strains appear later.⁶

Monitoring for complications

Acute skin failure is observed in patients with SJS-TEN. Its main features are barrier dysfunction with loss of water and electrolytes (2-3 l/24 hours of water loss in adults with epidermal detachment of 50% of their body surface),⁵¹ thymic dysregulation, immune impairment and infection. Release of inflammatory cytokines (IL-1, TNF- α , IL-6) contributes to high fever, synthesis of acute phase proteins, hypoalbuminemia, anemia and leukopenia. Release of stress hormones increases the rate of catabolism and may lead to insulin resistance with hyperglycemia and glycosuria. Insulin should be administered when hyperglycemia leads to overt glycosuria or to increased osmolarity.⁵⁰

Other complications that should be watched out for include development of neutropenia, renal insufficiency, septicemia (pseudomonas, *S. aureus*, gram-negative sepsis and candidal), gastrointestinal hemorrhage and pneumonia. These are all bad prognostic signs. Facilities for ventilatory support, dialysis and blood transfusion should be available if complications develop.

Prognosis

These diseases are associated with a high morbidity and mortality; mortality rates are 5% with SJS, 10-15% with transitional forms and 30-35% with TEN.¹² The most common causes of death are sepsis, pulmonary failure and multiple organ failure.³⁸

The prognosis should be assessed within 24 hours of admission using the SCORTEN index, which has been developed for patients with TEN.⁵² The index identifies the following seven independent risk factors for death in the first 24 hours of admission:

- Age above 40 years
- Presence of malignancy
- Tachycardia (heart rate above 120 beats/min)
- Initial percentage of epidermal detachment above 10%
- Blood urea nitrogen above 28 mg/dl.
- Serum glucose above 252 mg/dl
- Bicarbonate level less than 20 mg/l or 20 mmol/L.

Each parameter is given a score of one and the total score is calculated by summing up the number of abnormal parameters. **Table 4** shows the mortality rate according to SCORTEN score.

Table 4 : Mortality rates according to the SCORTEN level

SCORTEN	Mortality rate (%)
1	3.2
2	12.1
3	35.3
4	58.3
≥5	90.0

Sequelae

Ocular and skin

Permanent ocular sequelae occur in 40% of TEN survivors due to damage to goblet cells secondary to conjunctivitis.⁶ This results in instability of the pre-corneal tear film and corneal drying with opacification. This damage can lead to decreased visual acuity and even blindness. Ophthalmologic follow up is mandatory to look for sicca syndrome, keratitis and other corneal lesions. Synechia in other mucosa like mouth or genitalia (esophagus or vaginal stenosis) may require surgery.

Altered pigmentation

Hypo- or hyperpigmentation of skin is a common complication. Sun exposure must be avoided for several months because it can worsen hyperpigmentation.

Prevention of recurrences

Genetic factors are implicated in drug induced blistering disorders. Patients recovering from TEN resulting from sulfonamides or anticonvulsants and first-degree relatives exhibit a defect in the detoxification of the reactive metabolites.⁶ Hence, survivors and their first degree relatives should avoid suspected offending agents and related compounds.⁶ Drugs of the same pharmacologic class can be used provided they are structurally different from the culprit drug.

Caution: A drug card should be issued to the patient who should carry it at all times. Provocation tests are not advisable in SJS-TEN.

Disclaimer: This is a consensus statement prepared on behalf of the Indian Association of Dermatologists, Venereologists and Leprologists based on the clinical trials already published and the experience of senior dermatologists from different parts of the country. Adherence to these guidelines may not always ensure complete cure under all situations. They may be modified by the treating physician in the light of circumstances presented to him or based on the results of future clinical trials. Adherence to the guidelines may not ensure a defense against a claim of negligence nor should a deviation from them necessarily be deemed negligence.

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Appendix I: Model liquid diet supplying 2000 kcal/day in TEN

6 am	- Cow's milk 200 ml + Complian 3 tsp + Sugar 3 tsp 130 Kcal + 66.6 Kcal + 60 Kcal	=	256.6 Kcal
8 am	- Rice flour kanji 200 ml + 2 tsp oil + 2 tsp sugar 85 Kcal + 90 Kcal + 40 Kcal	=	215 Kcal
10 am	- Milk 200 ml + Complian 3 tsp + sugar 3 tsp 130 Kcal + 66.6 Kcal + 60 Kcal	=	256.6 Kcal
12 pm	- Rice flour kanji 200 ml + 2 tsp oil + 2 tsp sugar 85 Kcal + 90 Kcal + 40 Kcal	=	215 Kcal
2 pm	- Orange or apple juice 200 ml 160 Kcal	=	160 Kcal
4 pm	- Milk 200ml + 1 boiled egg + sugar 3 tsp 130 Kcal + 85 Kcal + 60 Kcal	=	275 Kcal
6 pm	- Vegetable soup 200 ml + 2 tsp oil + 2 tsp sugar 85 Kcal + 45 Kcal	=	130 Kcal
8 pm	- Rice flour kanji 200 ml + 2 tsp oil + 2 tsp sugar 85 Kcal + 90 Kcal + 40 Kcal	=	215 Kcal
10 pm	- Cow's milk 200 ml + Complian 3 tsp + Sugar 3tsp 130 Kcal + 66.6 Kcal + 60 Kcal	=	256.6 Kcal

1 tsp = 5 g

Total calories = 1979.8 kcal

(2000 calories in 2000 ml fluids, with Ryle's tube feeding)

Appendix 1I: Brand names, dosages and approximate cost of drugs commonly used in patients with SJS-TE

Mucaine gel	Wyeth Lederle	Oxethazaine 10 mg, Aluminium hydroxide 291 mg, Magnesium hydroxide 98 mg	200 ml Rs.32.50	5-10 ml qid 15 minutes before meals and at bedtime
Gelusil	Parke Davis	Magnesium trisilicate 250 mg, Aluminum hydroxide 250 mg, Dimethicone 50 mg	400 ml-Rs.65	-do-
Aciloc	Cadila Pharma	Ranitidine	Inj 50 mg/2ml Rs.3	IV BD
R-loc	Cadila Health care	Ranitidine	Inj 50 mg/2ml Rs.3	IV BD
Pantium	Intas	Pantoprazole	Inj 40mg Rs.35 Tab 40mg-10tab Rs.50	IV/oral morning before breakfast
Domadol	Unichem	Tramadol	Inj 50mg/ml 5inj Rs.66 cap 50mg-10cap Rs.53.40	Adults 50-100 mg IM 3-4 times daily max 400 mg children-1-1.5 mg/kg
Tramazac	Cadila	Tramadol	Inj 50mg/ml Rs.13	Adults 50-100mg/ im 3-4times daily max 400mg children 1-1.5mg/kg
Pethidine	Haffkine	Pethidine HCL	Inj 50mg/ml	Adults 25-100mg IM/SC every 3-4 hrs. children 0.5-2mg/kg every 3-4hrs
Panimmun bioal	Panacea	Cyclosporine	5 Caps 25 mg =Rs.120 5 Caps 50 mg-=Rs.240 5 Caps 100 mg- =Rs.480	3 mg/kg per day in two divided doses
Sandimmune Neoral	Novartis	Cyclosporine	Caps 25 mg 50 cap= Rs.1502 50mg 50caps Rs.3005, 100mg 50caps =Rs.6010. Inj 100mg/ml- 50ml Rs.6015	3 mg/kg per day
Gamma IV	Bharat serums	IVIG	Vials 5mg-Rs.693 2.5g-Rs.2772 5g-Rs.5370	2 mg/kg to be divided into 0.4 mg/kg/day for 5 days
Sandoglobulin	Novartis	IVIG	Vial 3g-Rs.4320 6g-Rs.7110	-
Kollagen	Eucare	Bovine collagen sheet	5x5=Rs.75 10x10=Rs.210 10x25=Rs.518 15x30=Rs.880	15x65=Rs.1334 to be applied over raw and uninfected area stays for 14d

Appendix III: Antibiotic therapy regimen in SJS-TEN

Antibiotic regimens to be started only if sepsis is suspected and to be used till the result of blood culture sensitivity tests are available

If penicillin or cephalosporin is not suspected to be the cause of SJS-TEN:

Inj. Augmentin 625 mg IV BD (Gram-positive cover) or Inj. Cefotaxime 1 g IV BD

+



Inj. Amikacin 325 mg IV BD (Gram-negative cover)
+
Inj. Metronidazole 400 mg IV TID (anerobic cover)

If penicillin or cephalosporin is suspected to be the cause of SJS-TEN:

Substitute the gram-positive cover with

Inj. Tetracycline 1 g IV BD or Inj. Azithromycin 500 mg IV OD

+
Inj. Amikacin 325 mg IV BD (Gram-negative cover)
+

Inj. Metronidazole 400 mg IV TID

Other suggested antistaphylococcal antibiotics in order of preference are:

1. Vancomycin (500 mg 6 hourly or 1g 12 hourly infused IV over one hour in adults, 40 mg/kg in 4 divided doses in children)
2. Teicoplanin (400 mg x 3 doses 12 hourly; then 400 mg daily IV or IM)
3. Linezolid, 600 mg 12 hourly IV
4. Levofloxacin, 500 mg O.D. slow IV infusion

Other suggested antibiotics against gram-negative infections are:

1. Cefaperazone + Sulbactam, 1-2 g IV 12 hourly
2. Imepenem (500 mg IV 6-hourly or Meropenem (1 g 8 hourly)
3. Piperacillin + Tazobactam, 100-150 mg/kg per day or 4.5 g/day in 3 divided doses
4. Amikacin, 15 mg/kg per day in 2-3 divided doses



CONFERENCE CALENDER

CUTICON-KT-2006

70th Annual Conference of IADVL Karnataka-Tamilnadu Branch
13th and 14th May 2006

Venue:
KLE Society's Jawaharlal Nehru Medical College
Belgum-560190, Karnataka (India)

Address for correspondence:

Dr. B. S. Manjunatahswamy
Department of Skin, STD & Leprosy
J.N. Medical College, Nehru Nagar
Belgum-560190, Karnataka (India)
Ph: 0831-2472462(Fresi)
Mobile: 0-98453 82198
E-mail: cuticon2006bgm@yahoo.co.in

COSMECON 2006, Bangalore

(International Conference on Aging and Anti Aging)
14th, 15th and 16th July 2006
Organized by
Bangalore Dermatological Society

Conference Secretariat

Dr. B.S. Chandrashekhara, Organizing Secretary.
Cutis Clinic, Room nos 2 & 3, 1st Floor, Siddaganga Bhaban, B.V.K. Aiyengar Road
Bangalore-560053
Cell: 0 93412 24155
E-mail: cosmecon@bangalorederma.com
Website: www.bangalorederma.com
Deadlines: For registration: 1st deadline: 30th April 2006
2nd deadline: 15th June 2006

CosDerminia 2006

12th and 13th August 2006-03-27
Kala Academy Goa

Organized by the Cosmetology Society of India

For Registration contact,

Ms Jyotika
Medicare Research Clinic,
105, Maker Bhavan 3, New Marine Lines,
Mumbai 400020, India
Tel: 91 22 22064545 / 91 22 22065555
e-mail: cosmetology@mail.com

Last date of Registration: 1st Deadline 30th June 2006
2nd Deadline 15th July 2006

Last date for Abstract Submission: 10th July 2006



DERMAZONE- SOUTH- 2006

XIV South zone Conference of IADVL,
Visakhapatnam

8-10 September 2006.

VENUE: KALAVANI PORT STADIUM

8 September 2006: CME - Topic: Diagnostic tools in Dermatology.

9, 10 September 2006: Guest Lectures, Free Papers & Quiz for Postgraduates on 9th.

DELEGATE FEES:

Delegate- Rs1800/-

Accompanying person - Rs1000/-

For Post Graduates - Rs1200/-

- Last Date for Registration without late fees is June 30th 2006.
- Last date for sending scientific abstracts is July 31st 2006.

ORGANIZING SECRETARY: Dr. G. Raghu Rama Rao, MD.

Conference Secretariat

Dr. G. Raghu Rama Rao, MD.

15-1-2, Gopal Sadan, maharanipeta,

Visakhapatnam- 530002.

Ph- 0891 2560536

Mob -9848522314

E-mail: graghuramarao@hotmail.com

CUTICON-WB-2006

10th State Conference of IADVL, WB state Branch

2nd and 3rd December 2006

Conference Secretariat

Dr. Manabprata Majumder, Organizing Secretary

IADVL, WB State Branch

IMA House

53, Creek Row

Kolkata-700014

West Bengal, India

Tel: +91 33 22349536

Mobile: +91 9433010974

E-mail: iadylwb@vsnl.net

Website: www.iadylwb.org

15th Congress of the European Academy of Dermatology and Venereology - EADV

Date : October 04, 2006 - October 08, 2006

City : Rhodes Island

Country : Greece

Contact : Mrs. Penelope Mitrogianni

Phone : 30-2-107-257-693

Fax : 30-2-107-257-532

E-Mail: info@eadv2006.com

<http://www.eadv2006.com/index.php>



Australasian Society for Dermatology Research Annual Scientific Meeting

Date : May 13, 2006 - May 13, 2006

City : Melbourne

Country : Australia

Contact : Heid Murphy

Phone : 61-2-8977-4163

Fax : 61-29-452-6313

E-Mail : oceania@seronosymposia.org

Website : http://www.seronosymposia.org/dermatology/event_descrip.html?id=275

1st Congress of the International Dermoscopy Society

Date : April 27, 2006 - April 29, 2006

City : Naples

Country : Italy

Contact : Stefania Livesu

Phone : 00-39-0-228-172-300

Fax : 00-39-0-228-172-300

E-Mail : ids2006@edraspa.it

Website : <http://www.dermoscopy-ids.org/>

ISCLS Masters Series Workshop in New York City

Dear Colleague,

Make plans now to register for our upcoming Masters Series Workshop in Cosmetic and Laser Surgery on May 4-6, 2006 in New York City Hosted by the International Society of Cosmetic and Laser Surgeons (ISCLS) and held at the beautiful St. Regis Hotel in the heart of the New York City, this unique meeting features world renowned speakers offering live patient demonstrations with actual patients in the actual offices of our faculty members. Over 10 hours of continuing medical education will be available. Registration is limited to physicians only and only available to the first 48 registrants. For more information on the schedule and faculty and/or to register online for the meeting, please visit our website at www.iscls.org/meeting.html or call us at 850-531-8374. We look forward to having you in attendance at this one of a kind event!

International Society of Cosmetic and Laser Surgeons (ISCLS)

2563 Capital Medical Boulevard

Tallahassee, Florida 32308

Phone: 850-531-8374

Fax: 850-531-8344

Web site: <http://www.iscls.org>

E-mail: info@iscls.org

ASPCR 2007, 2nd Conference of the Asian Society for Pigment Cell Research

Incorporating

20th Annual Scientific Meeting of the Dermatological Society of Singapore

New Horizons in Pigment Cell Research and Pigmentary Disorders in Asia



6-8 July 2007
Raffles City Convention Centre, Singapore

In collaboration with
National Skin Centre of Singapore

Conference Secretariat:
Mrs. Alice Chew
National Skin Centre
1 Mandalay Road
Singapore 308205
Tel: (65) 6350 8405
FAX: (65) 6253 3225
Email: training@nsc.gov.sg
Website: www.aspcr.org

As per resolutions passed in different IADVL AGBM in last few years (vide minutes of combined CCM+GBM for the commencing year 2003 held during DERMACON 2003, (page 20, proposal no 25) and minutes of the closing years GBM (2004) and commencing years COMBINED CCM+GBM 2005 held during DERMACON 2005 (page no 18, proposal no 120) & (10)) henceforth the nomenclature of all IADVL conferences will be as below:

- IADVL National conferences: DERMACON (2003, 2004, 2005, 2006...)
- IADVL Zonal conferences: DERMAZONE (DERMAZONE-SOUTH-2006; DERMAZONE-EAST-2006 ... like that)
- IADVL State conference: CUTICON (CUTICON-GUJARAT-2006, CUTICON-WB-2006; CUTICON UP-2006... like that)
- "10th/18th or 12th State/Zonal/National conference of IADVL" will be mentioned in the next line.

As per these resolutions all concerned (State executives and future organizers of any IADVL conferences) are requested to implement these nomenclature at the State/Zonal/National level with immediate effect.



PROPOSED BUDGET FOR THE YEAR 2006-2007.

INCOME			EXPENDITURE	
Subscription Fee	Rs	3,50,000.00	Journal Contribution	Rs 2,80,000.00
Interest on Fixed Deposits and Bonds	Rs	5,00,000.00	Printing, Stationary and Postage	Rs 3,80,000.00
Surplus from 33rd National Conference (Delhi)	Rs	45,00,000.00	Medals, Memento & Shield, Orations & Awards	Rs 1,00,000.00
Surplus from 34th National Conference (Hyderabad)	Rs	30,00,000.00	Office Furniture & Fixtures (Computer, Fax etc.)	Rs 1,00,000.00
Returning seed money given to 34th National Conference (Hyderabad)	Rs	5,00,000.00	Office expenses	Rs 2,50,000.00
			Internet charges	Rs 15,000.00
			Election expenses	Rs 1,00,000.00
			33rd National Conference (Delhi) surplus to Delhi Branch	Rs 15,00,000.00
			33rd national Conference (Delhi) surplus to IADVL	Rs 15,00,000.00
			34th National Conference (Hyderabad) surplus to AP Branch	Rs 10,00,000.00
			34th national Conference (Hyderabad) surplus to IADVL	Rs 10,00,000.00
			IADVL Midterm CCM expenses	Rs 2,00,000.00
			Official travel expenses	Rs 1,00,000.00
			Auditor's Fees	Rs 20,000.00
			Academic Committee Meeting	Rs 15,000.00
TOTAL	Rs	88,50,000.00	TOTAL	Rs 76,19,000.00
			Excess of Income over expenditure	Rs 12,48,000.00

Sd/-
Dr. Arijit Coondoo
(LM / WB/ 2364)
Hony. Treasurer



NAMES AND ADDRESSES OF PRESIDENTS AND SECRETARIES OF VARIOUS STATE BRANCHES

Name & address	Contact Number	E-mail ID
1. ANDHRA PRADESH President: LM/AP-22 Dr. G. Raghu Rama Rao 15-1-2, Naoroji Road, Gopal Sadan, Maharani Peta Visakhapatnam - 530 002 A.P.	0-9848522314	graghuramarao@hotmail.com
Secretary: LM/AP-174 Dr. K. Ananda Rao Flat No. 7, 1st Floor, Buddnavarapu Flats, Maharanipeta, Visahapatnam - 530 002 A.P		
2. WEST BENGAL President: LM/WB-2440 Dr. Nitin Mukherjee # 277, A-Block, Bangur Avenue, Kolkata - 700 055 W.B	Cell:9831001917, 9433007101	drnmukh@vsnl.net nitin_mukherjee@rediffmail.com
Secretary Dr. Goutam Banerjee P-51/1, C.I.T. Sch: VII-M Kolkata - 700 054 W.B.	Ph: 2235 6190 Cell: 9830161538	ladvlwb@vsnl.net
3. NEW DELHI President: LM/ND-1510 Dr. Anil Ganjoo # 38, Bungalow Road Kamala Nagar Delhi-110 007.	Ph: 27662100 Mob: 9811066584	drganjoo1965@yahoo.co.in
Secretary LM/ND/2916 Dr. Kabir Sardana Sector- 28, House No. 466, NOIDA - 201 303 U.P	Tel:011-23234648 R:01202454934 Mob: 9868042092	kabir_sardana1@rediffmail.com



Name & address	Contact Number	E-mail ID
4. HARYANA President LM/H-650 Dr. Vijay B. Nagpal House No. 126/Subhash Sonapat Road, Rohtak - 124 001 Haryana		
Secretary: LM/H/3205 Dr. Komal Makkar # 600, Sector-14, Rohtak-124001 Haryana		
5. UTTAR PRADESH President: LM/UP-2234 Dr. S. C. Agarwal # 7/128/17, Swaroop Nagar, Kanpur - 208 002 U.P	Tel© 0-9336333936	upderm2005@yahoo.com
Hon. Secretary: LM/UP-2288 Dr. Rupak Saxena 62/8, Parashuram Nagar Saket Colony Road, Agra-282010 U.P	TEL: © 0562-2851575 © 0562-2218111 Mobile: 98370-37435	roopaksaxena@rediffmail.com
6. MADHYA PRADESH President LM/MP/4264 Dr Satish Shroff Uttam Niwas, Padawa, Khandwa-450001 MP	PH-(c)07332228551 (r)07332249351 CELL-09827256427	alpa_shroff@dataone.in
Hon. Secretary LM/MP/3214 Dr. Suneel Malpani 7, Shanti Niketan, near Bombay Hospital, Indore MP	PH-07334050607 CELL-09826024046	drsuneelmalpani@yahoo.co.in
7. ORISSA President LM/O-1598 Dr. Sukanta Chandra Mallik # 212/10, Aerodrome Area, Khurda, Bhubaneswar - 751 009 Orissa	0-9337122348	scmallik_skin@yahoo.co.in



Name & address	Contact Number	E-mail ID
Gen Secretary Cum Treasurer LM/O-1602 Dr. Bichhanda Charan Pradhan Similipada Angul-759122 Orissa	Tel /Fax : 06764 232355 Mob : 0-9861036845	dr_bcpradhan@yahoo.co.in
8. NORTH EAST President: Dr. (Miss) Urmimala Das Dr. B. K. Kakati Road Ulubari, Guwahati - 781 007	Tel : 0361-2525640 Cell: 98640-78809	
Hon. Secretary: LM/NE-1579 Dr. Kanak Ch. Talukdar Prof. Colony, House No-19, Birubari, Guwahati - 781 016.	0361-2478970® 0361-2633992© 98640-96619	drkctalukdar@sify.com
9. MAHARASTRA President LM/M-748 Dr. Bipin D. Mehta # 31, Panchsheel Cinema Building, Ramdas Path Nagpur - 440 012 Maharashtra	Tel. 0-9373106449	bipinmehta14@yahoo.com
Secretary Dr. Chitra S. Nayak 302, Arun, 6th Road Santacruz (East), Mumbai-400 055	23012023 (O) 0-9819107591 Tel.: 26128127 (R)	chitra1202@yahoo.co.in
10. GUJARAT President: LM/G-433 Dr. M.D.Popat . Trambakalay, First Floor, 4, Rajputpara Main Road, B/H Ashok Guest House Opposite Bus Station Rajkot - 360 001 Gujarat	0-98243 27200	



Name & address	Contact Number	E-mail ID
Hon Secretary: LM/G-488 Dr. Sameer Vasavada Skin Clinic, Kamdhenu Building, Moti Tanki Chowk, Rajkot - 360 001 Gujarat	0-98242 34320	skvasavada@sancharnet.in
11. KERALA President: LM/K-1239 Dr. V.J. Sebastian Criton 'Janaky', Adiyathil Lane Poothole Thrissur - 680 004 Kerala	0-9447009990	criton@sancharnet.in
Secretary: LM/K-1312 Dr. George Chakole Skin Clinic, Opposite KSRTC Bus Stand, Chalakyady, Thrissur - 680 307 Kerala	0-480 2702508 0-94476 73508	
12. KARNATAKA-TAMIL NADU President LM/KT-1976 Dr. C. Balachandran # 275, Valley Flats, K.M.C. Campus, Manipal - 576 119 Karnataka	PH:0820-2571559	drbalanair@yahoo.co.in
Hon Secretary Cum Treasurer LM/KT-2051 Dr Ramesh Bhat.M Prof Dept Of Skin&V D Fr.Muller Medical College&Hospital Kankanady Mangalore-575002	PH: 0824-5284035 / 2410018(CL) 2452005(RES) Cell: 0-9845084224	rameshderma@yahoo.com rameshderma@gmail.com
13. PUNJAB President: LM/P-1608 Dr. (Mrs) Adarsh Chopra Ex. Prof. Dept. of Dermatology Venereology and Leprosy # 27, Bank Colony, Patiala	Ph: 0175-2309100	



Name & address	Contact Number	E-mail ID
Hon Seretary Dr. Jatinder Sadana # 30, Raghbir Marg Near Children Memorial School, Patiala		
14. BIHAR-JHARKHAND President: LM/BJ-365 Dr. Prabhat Kumar Sengar MIG (B) 68, Housing Colony, Dhanbad - 826 001 Bihar Secretary LM/BJ-340 Dr. Yashwant Anant Lal C/o Shri R.P. Gupta, Radhika Sadan, Yarpur, Khagaul Road Patna - 830 001 Bihar		
15. Proposed combined state branch of Punjab, Chandigarh, Himachal Pradesh and J&K	Official recognition pending	
President LM/P-1653 Dr.N. L. Sharma Professor of Dermatology I. G. Medical College Wardon's Residence, Girls Hostel, Shimla-171001 H.P	0177-2883404	nandlals@hotmail.com
Secretary LM/P-1724 Dr.Vikram Kumar Mahajan Set. No.3, First Floor, Sehgal Cottage, Jakhu, Shimla - 171 001 H.P	0-9418007941	
16. RAJASTHAN President: LM/R-1770 Dr. M.K. Singhi Bungalow No.3, Out Side M.D.M. Hospital, Sastri Nagar, Jodhpur - 342 003 Rajasthan	09414700999	mks_2_in@yahoo.com



Name & address	Contact Number	E-mail ID
Hon Secretary LM/ND/1792 Dr. Vinod Kumar Jain 34-A, Citizen Excluive 14, Extension Rahini, New Delhi-110085	09414129139	drvinodjainjodhpur@gmail.com
17. PONDICHERRY President: LM/PON/026 Dr. V. Subramaniam, Aswini Hospital 17, Nehruji Road Villupuram 605 602		
Secretary LM/PON/62 Dr. V. Sivaraman, No.16, Main Road Shanthinagar, Pondicherry 605 011		
18. CENTRAL Chairman LM/C-2589 Maj Gen A K Jaiswal, Commandant, Command Hospital(SC), Pune-40	09823325522	askhokjaiswal48@yahoo.co.in
Secretary Col A L Das, Prof, Sr Adv and HOD(Derm), CH(SC), Pune-40	09373001627	aldas_agra@yahoo.com

All efforts have been made to update this list. Any errors / omissions are unintentional and may have resulted due to lack of communication from the concerned state branch.

DEPARTED DERMATOLOGISTS

LM/K-1161	Dr. KS Sahodharan	Skin Specialist District Hospital	Allapuzha	608001	Keraa
LM/K-1133	Dr. K Abdul Latheff	9, Niranjana Ashramom Lane Near Hari Sree High School	Thrissur	680002	Kerala
LM/KT-1899	Dr. S. R. Prabhkar	#E-3, Duplex Villa, Rankha Colony, Bannerghatta Road,	Bangalore	560076	Karnataka
LM/M-758	Dr. H. N. Nandwani	# 1/6, Juhu Darshan, New D.N. Nagar, Andheri (W)	Mumbai	400 058	Maharashtra
LM/M/739	Dr. T K Mehta				Maharashtra
LM/M/762	Dr. V D Parekh	Skin Specialist, Empire Building, Bori Bandar,	Mumbai	400 001	Maharashtra
LM/M/781	Dr. V. L. Rege	Dept. of Dermatology	Panjim	403 001	Goa
LM/WB/2402	Dr. Ranjit Kumar Panja	# 250, Chittaranjan Avenue,	Kolkata	700 006	W.B.

Prof. Ranjit Kumar Panja, past President of IADVL, breathed his last at Kolkata on 5th April, 2006. A brilliant student, erudite teacher, a clinician and histopathologist par excellence Dr. Panja was a doyen of dermatology. He will be remembered by his myriads of students, colleagues and admirers for his sharp intelligence, ready wit and brilliant sense of humor. An excellent painter, photographer and singer his penchant for social work drew him to politics. He was elected to the Lok Sabha in 1998 and served as MP of Barasat, West Bengal till 2004.

He was associated with the IADVL since its inception and served the Association in various capacities as Organising Secretary of the 6th National Conference of IADVL (1978), Hon. Secretary (1976-1977) and President (1984-85) of IADVL West Bengal branch and President of National IADVL (1988). He also served as Advisor and Patron of numerous State, Zonal and National conferences held under the aegis of IADVL, West Bengal branch.

His absence will be deeply felt by the dermatology fraternity.

May his soul rest in eternal peace.



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IADVL

Meetings & memories



DERMACON 2006, Hyderabad



MIDERMACON 2005, Hyderabad



NATIONAL EC MEETING 2005, Kochi



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