

Application for Recognition as an IADVL Observership Centre-2022

If attachments added, Please mention the annexure number in the table

1	Specialty (Laser/aesthetic dermatology/dermatosurgery/dermatopathology/pediatric dermatology /combination /others)	
2	Program director (Should have at least 5 years' experience following postgraduation)	
a	Name	
b	Qualification (including year of passing)	
c	Experience/expertise in the field in years	
d	Working hours in designated centre	
3	Other faculty who will be in charge if the program director goes on long leave	
a	Name	
b	Whether full time or part time (working hours if part time)	
C	Qualifications	
d	Number of hours of service or practice at designated center	
4	Department	
5	Institution	
6	Full postal Address	
7	University affiliation for Dermatology/Venereology/Leprology and for fellowship specialty (<i>if applicable</i>) If yes Specify University	Yes/No
8	Does the institute have specific restrictions on fellowship candidates? (<i>If Yes, please give details</i>)	Yes/No
9	Does the Observership entail any financial implication for the candidates other than that stipulated by the IADVL? (<i>If Yes, please give details</i>)	Yes/No
10	Number of days a week that the OPD runs Total hours per week	
11	Approximate daily attendance of patients in the department	
a	OPD attendance	

b	Inpatient attendance	
12	For departments with other faculty, will the candidate be allowed access to the OT/equipment on the days of other faculty?	Yes/No
13	Faculty who will be in charge if the program director goes on long leave or quits the department. Hours per week spent by the faculty / Faculties at centre	
14	Number of years for which the department /institution has been carrying out similar work	
15	In house details	
a	Equipment (for lasers, please specify the types of machines and their utility)Name of machine Indications	
b	Facilities (e.g. library)	
c	Space	
d	Opportunities for basic or clinical research	
e	Details of weekly academic activities undertaken by department Add attachment	
f	Details of presentations/publications/research in the specialty from the department/ institution in the last 2 years Add attachment	
16	Has similar training been offered by the department? <i>(If Yes, please give details)</i>	Yes/No
17.	Are hostel facilities available? <i>(If Yes, please indicate the charges)</i>	Yes/No
18	Brief description of the intended training program(daily and weekly routine), including details of the curriculum Add attachment	
19.	Will trainees get hands on training?	Yes/No

Brief description in not more than 100 words on the qualities of the center and why it should be chosen

Signature and stamp:

Name of the Program Director & Centre:

Contact no:

Email address:

Address:

Signature and stamp of other faculty member/ members :

Name of the Centre:

Contact no:

Email address:

Address:

Signature and Stamp of the Dean/Institutional Head:

Name of the Dean/Institutional Head: