



**INDIAN ASSOCIATION OF DERMATOLOGISTS,  
VENEREOLOGISTS AND LEPROLOGISTS  
MAHARASHTRA STATE BRANCH**

NOMINATION FORM

for

(Strike out non-applicable posts)

**JUNIOR VICE PRESIDENT (01)**

**HONORARY SECRETARY (01)**

**TREASURER (01)**

**JOINT SECRETARY (02)**

2022

**Duly filled form with all annexures to be sent to Election Officer and Returning Officer via hard and soft copy before 17-9-22 midnight (11.59 pm)**

PROPOSED BY : I Dr. \_\_\_\_\_ (LM  
number \_\_\_\_\_), a member of \_\_\_\_\_  
branch/direct member with the following address

\_\_\_\_\_  
\_\_\_\_\_

mobile number: \_\_\_\_\_

e-mail id: \_\_\_\_\_ do hereby propose

Dr. \_\_\_\_\_ (LM number  
\_\_\_\_\_)

address  
\_\_\_\_\_  
\_\_\_\_\_

mobile number: \_\_\_\_\_

e-mail id: \_\_\_\_\_

SECONDED

BY: I, Dr. \_\_\_\_\_ (LM number  
\_\_\_\_\_ ) address  
\_\_\_\_\_  
\_\_\_\_\_

mobile number: \_\_\_\_\_

e-mail id: \_\_\_\_\_

He/she is a member in good standing as per the Rules and by-laws of IADVL for the post of \_\_\_\_\_ of the Indian Association of Dermatologists, Venereologists and Leprologists for the Year 2020. DECLARATION We, the proposer and seconder of the above nomination, are members in good standing as per the Constitution of IADVL (Procedure of Election of the Office bearers).

Signature of the proposer

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place: \_\_\_\_\_

Signature of the seconder

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place: \_\_\_\_\_

DECLARATION BY CANDIDATE

DECLARATION BY CANDIDATE OF FULFILMENT OF THE ELIGIBILITY  
CONDITIONS FOR THE POST OF

\_\_\_\_\_ I  
\_\_\_\_\_ (LM number \_\_\_\_\_ date of  
joining IADVL, date of passing DVD/MD/DNB-----) proposed for the post of JUNIOR  
VICE PRESIDENT do solemnly declare that I fulfill the conditions of eligibility for the post  
for which I am nominated under the Rules and Bye laws of the Constitution of IADVL and that  
I have read the IADVL Constitution and will abide by the same in letter and spirit. I confirm  
that I have been a residing in India for the last---- years continuously. I hereby wish to declare  
the following conflicts of interests such as associations with industry/other societies: NIL  
report is needed specifically for each clause

a) I am an owner/ employee/consultant/advisor (specify any other capacity) in the following  
pharma/aesthetic company or instrument supplier/dealer or cosmetic company or chain of  
clinics: Name of company Position term and duration

b) I am an office bearer in the below mentioned capacities in the following medical  
associations/societies (mention when the term of office will be over) Name of  
Society/association Position term and duration

Name and Address:

Mobile number:

Email id:

**Enclosures to be attached:**

1. Brief CV (200 words)
2. Photograph
3. Proof of eligibility (Prior IADVL Maharashtra Executive Posts, Postgraduation Passing Certificate)

4. I am aware that if any of the statements are false, either by omission or commission, my application is liable to be rejected. I have read and understood all relevant clauses of constitution with respect to the election process and am aware of the model code of conduct.

Signature of the Nominee

---

Date

Place

ELECTION OFFICER

**Dr Ashok Shah**

LM/M/665

Email address: [drashoks@yahoo.com](mailto:drashoks@yahoo.com)

Phone No: 9821312138

Address: # 10, "Neelamber", Kirol Road, Gamalane, Ghatkopar (West), Mumbai,  
Maharashtra

RETURNING OFFICER

**Dr Aseem Sharma**

LM/M/8338

Email address: [honseciadvlmaha@gmail.com](mailto:honseciadvlmaha@gmail.com)

Phone No – 9920868737

Address: Skin Saga Centre for Dermatology, 104, Sai Iconic, 4 Bungalows, Andheri West,  
Mumbai - 400053

JOINT RETURNING OFFICER

**Dr ANIL BHOKARE**

LM/M/84

Phone No: 7588687519

E-mail: [anilbhokare@rediffmail.com](mailto:anilbhokare@rediffmail.com)

Address: Bhokare Skin Clinic, Vardhaman Complex, Near Shivaji Statue, Vasant Wadi,  
Old Bus Stand Road, Malegaon-423203, Dist-Nasik