



**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)

2024

**Duly filled form with all annexures to be sent to Election Officer and Returning Officer
via hard and soft copy before 2nd of August 2024 (11:59 pm)**

PROPOSED BY : I Dr. _____ (LM
number _____), a member of _____
branch 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 Maharashtra for the Year 2024. DECLARATION We, the proposer and seconder of the above nomination, are members in good standing as per the Constitution of IADVL Maharashtra(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
_____ 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 Maharashtra and that I have read the IADVL Maharashtra 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/conferences: 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 c) I am in the following position in organizing committees of the following congresses: mention dates of conferences

Name of conference

Position

Dates of conference

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

Phone No: 9821312138

Address: #3rd Floor, Flat no 5, Laxmi Palace building, 161 R.B. Mehta Marg, 60 Feet Road, Ghatkopar East, Mumbai 400077 Maharashtra

RETURNING OFFICER

Dr Bhushan Madke

LM/M/5825

Email address: honseciadvlmaha@gmail.com

Phone No – 7066887353

Address: Plot no.35A/35B,Nivant,Dreamland City,Sawangi Meghe,Wardha,Maharashtra 442001