



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

**NOMINATION FORM**

for

**JUNIOR VICE PRESIDENT (01)**

**2025**

Duly filled form with all annexures to be sent to Election Officer and Returning Officer  
via hard and soft copy before 25<sup>th</sup> September 2025 (11:59 pm)

Proposed by: I, Dr. \_\_\_\_\_ (LM/M/ \_\_\_\_\_),

a member of IADVL Maharashtra branch, with the following address \_\_\_\_\_

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

E-mail id: \_\_\_\_\_

Mobile number: \_\_\_\_\_ do hereby propose

Dr. \_\_\_\_\_ (LM/M/ \_\_\_\_\_),

a member of IADVL Maharashtra branch, with the following address \_\_\_\_\_

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

E-mail id: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Seconded by: I, Dr. \_\_\_\_\_ (LM/M/ \_\_\_\_\_),

a member of IADVL Maharashtra branch, with the following address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail id: \_\_\_\_\_

Mobile number: \_\_\_\_\_

He/she is a member in good standing as per the Rules and by-laws of IADVL for the post of **Junior Vice President** of the Indian Association of Dermatologists, Venereologists and Leprologists, Maharashtra State Branch, for the Year 2025.

**Declaration:** We, the Proposer & Secunder of the above nomination, are members in good standing as per the Constitution of IADVL Maharashtra Branch.

(Procedure of Election of the Office bearers).

\_\_\_\_\_

Signature of the Proposer

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

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

\_\_\_\_\_

Signature of the Secunder

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

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

## DECLARATION BY CANDIDATE

Declaration by Candidate of Fulfilment of the Eligibility Conditions for the post of

### Junior Vice President.

I, Dr. \_\_\_\_\_ (LM/M/ \_\_\_\_\_),

with 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 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 residing in Maharashtra 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: Dr. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_,

\_\_\_\_\_

E-mail id: \_\_\_\_\_

Mobile number: \_\_\_\_\_

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

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

**Enclosures to be attached:**

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

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. Narendra Patwardhan**

*LM/M/777*

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

Phone No: +91 98220 57712

Address: Flat No. 11, Patwardhan Baug, Srinivas Park, Off Mahendale Garage Road, Erandwana, Pune Maharashtra- 411004.

**Returning Officer**

**Dr. Jay D. Gupte**

*LM/M/5102*

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

Mob No: +91 98200 12298

Address: Flat No.6, Krishna Kutir CHS., Sant Dnyaneshwar Marg, Panchpakhadi, Thane (W), Maharashtra- 400602.

**Joint Returning Officer**

**Dr. Dipak Kulkarni**

*LM/M/731*

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

Mob. No.: +91 98204 36342

Address: A-304, Tulip Cooperative Housing Society, Plot 116, Near Birmole Hospital, CUF Nagar, Panvel, Maharashtra- 410206