



IWDA

Indian Women's Dermatologic Association

MEMBERSHIP APPLICATION FORM



RECENT PHOTOGRAPH

Name (in block letters) : _____

Gender (M/F): _____ Date of birth (dd/mm/yyyy): _____ Nationality: _____

Specialty: Dermatology/ Other (please specify)

Address (Residence): _____

Address(Hospital/Clinic):

Address(Correspondence):

Phone numbers: Mobile: _____ Office: _____ Res: _____

E Mail id: _____

Qualifications (Attach documents listed below):

S. No.	Year of completion of MBBS	Year of completion of MD/ DNB/ Equivalent post-graduation in Dermatology	Current position held	Current employer (if employed)



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Member of IADVL? IF yes, membership number: LM_____ / PLM _____

Member of WDS? YES / NO

Medical Registration Number and Authority: _____

Declaration:

I hereby apply to be enrolled as a member of the Indian Women's Dermatologic Association (IWDA). I agree to abide by the rules and regulations stipulated.

I enclose herewith Rs. 8,800/- (inclusive of tax) (in words: _____) by cash/ cheque/ bank draft drawn on _____ Bank, dated _____, payable at New Delhi, India.

I also certify that the details and documents furnished below are true and that any false statement provided by me may entail cancellation of my membership from the society.

Date: _____ Place: _____

Signature of Applicant: _____

For applicant's information:

Documents to be attached (self-attested photocopies) :

1. Post-graduation degree certificate (MD/DVD/DDV/DNB or others)
2. Medical Council registration certificate
3. Proof of residence (passport/voter's ID/driving license)

IWDA Secretariat address:

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