

PIGMENTARY DISORDERS SOCIETY

MEMBERSHIP APPLICATION FORM

(To be filled in duplicate)

RECENT PHOTOGRAPH

Name (in block letters): _____

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

Speciality: Dermatology/ Dermatopathology/ Other (please specify)

Address Residence: _____

Address (Hospital/Clinic): _____

Address (Correspondence): _____

Contact 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)

Membership category applied for: PLM/ LM

IADVL membership number (for Dermatologists): LM _____ / PLM _____

Medical Registration number and Authority: _____

Proposed by: Name: _____ Membership No: _____ Signature of Proposer: _____

List of publications on pigmentary disorders in peer reviewed national / international journals/ presentations on pigmentary disorders made in local/ zonal/ national/ international CMEs / conferences (2 at least):

Declaration:

I hereby apply to be enrolled as a member of the Pigmentary Disorders Society (PDS). I agree to abide by the rules and regulations of the society

I enclose herewith Rs. 12000 (inclusive of GST) (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:

• Life membership fee:

1. Indian Nationals: INR 12000 (lifetime) (inclusive of GST)
2. Foreign nationals: 500 USD (inclusive of GST)

Please send A/C payee cheque/ D/D favouring "PIGMENTARY DISORDERS SOCIETY", payable at New Delhi, India.

• 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)
4. Proof of publication/ presentations mentioned above

Completed application form, documents and cash/cheque/D/D payable at Delhi to be mailed to:

Dr. Bhavesh Swarnkar, Hony General Secretary

Pigmentary Disorders Society, Swarnkar Superspeciality Center, 84, Shrinagar Main, Indore - 452001. (M.P.), India

Mobile no.: 9009999695 Email: pigmentary.disorders.society@gmail.com

ACCOUNT NUMBER

Pigmentary Disorders Society
A/c- 90682010116800
Bank -Canara Bank
Branch- MAMC, New Delhi
IFSC- CNRB0019068
MICR Code- 110015415