

Pigmentary Disorders Society (PDS) Academy

Membership Application Form: 2024

1. Name:
2. Education Qualification (MD/DVD/DNB):
3. Contact details:
 - a. Address:
 - b. Email id:
 - c. Phone numbers:
4. PDS membership no./How many years as a member:
5. IADVL membership no:
6. Affiliation/Designation (hospital/clinic/college/university):
7. Whether in practice/teaching:
8. Duration in speciality following obtaining MCI post-graduate qualification in dermatology:
9. Number of indexed publications in the last 5 years including chapters (attach list):
10. No. of publications in the field of pigmentary disorders (attach list):
11. Whether having regular email access: Daily/2-3 times a week/once a week/less frequently
12. Number of presentations at the international/national/state/local levels in the last 5 years (Attach list):
13. Number of conferences/CMEs/Updates organised in the last 5 years (mention conference detail & role)
14. Experience in PDS/ IMA/ IADVL/NGO or any other Academy:
15. How will you be able to promote the subspecialty and contribute to PDS Academy? (up to 300 words)

Name

Signature

Date

Note: Please Enclose your Brief CV along with the annexures as mentioned above