

**Nomination Form**  
**for**  
**Lifetime Achievement Award- IADVL UP State branch**

**Nomination Criteria-**

1. Must be a Life member of IADVL UP branch (erstwhile IADVL UP&UK)
2. Should have more than 30 years of experience in the field of dermatology

**A. Nominee Details:**

1. Name:
2. Contact Information:
3. IADVL Membership Number:
4. Duration of IADVL membership:
5. Years of Experience in Dermatology:
6. Landmark work for the benefit of the Association (please specify):
7. Details of Post held in IADVL National/UP & UK (e.g. President/Secretary, etc.):
8. Recipient of any IADVL award (please specify):
9. Academic Achievement (e.g. publications, project, etc.):
10. Conferences organised (if any please specify with the role):
11. Social Contributions (camps organised, charity work; please specify):
12. Other Notable Achievements (if any):

**B. Nominator Details:**

1. Name:
2. IADVL membership number:
3. Contact Information:
4. Relationship with Nominee

**C. Statement of Support:**

Provide a brief statement (max 200 words) explaining why the nominee deserves the Lifetime Achievement Award\_\_\_\_\_

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**Signature:**

**Date:**

**Place:**