

IACDE SPEAKER BANK

APPLICATION FORM

1. Name :
2. Age :
3. Sex :
4. Year of completion MDS :
5. Name of College and University :
6. Additional Qualifications :
(Details to be attached)
7. IACDE Membership number :
8. Member of IACDE since :
9. Present Designation - Affiliated to Institute/ :

Private Practice

Years of Clinical Practice / Years of Teaching
10. Any other achievements :
11. National Conference and PG convention :
Attended in the last five years.
(Attendance certificate to be attached).

12. Area of expertise :

13. No. of Publications

(Copy of the articles, to be submitted) :

(Atleast the last 3)

14. Scientific Paper / Poster presented at

Various platforms. :

(Copy of presentation certificate to be
Attached)

15. Invited Guest lectures and key note :

Addresses.

(Copy of presentation certificate to be
Attached)

16. Company affiliation, if any :

Place:

Date :

Signature