



INDIAN ASSOCIATION OF DERMATOLOGISTS,
VENEREOLOGISTS AND LEPROLOGISTS

Referral Certificate

This is to certify that I know Dr _____ since _____ years. I recommend him/her to be the below member of IADVL.

- Life Member
- Provisional Life Member
- Associate Life Member

Proposed by:

- (1) Name _____
- (2) LM NO _____
- (3) E-mail id _____
- (4) Contact No. _____

Signature of Proposer _____

Seconded by:

- (1) Name _____
- (2) LM NO _____
- (3) E-mail id _____
- (4) Contact No. _____

Signature of Seconder _____