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**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_