

Application for Recognition as an IADVL Observership Centre-2018

1	Specialty (Laser/aesthetic dermatology/dermatosurgery/dermatopathology/pediatric dermatology /combination /others)	OTHERS - DERMOSCOPY
2	Program director (Should have at least 5 years' experience following postgraduation)	
a	Name	DR. SUBRATA MALAKAR
b	Qualification (including year of passing)	DCH (1983), MD (1985)
c	Experience/expertise in the field	
d	Working hours	9 AM - 7 PM
3	Other faculty	
a	Name	DR. PURVA MEHTA
b	Whether full time or part time (working hours if part time)	FULL TIME
c	Qualifications	DNB
4	Department	DERMATOLOGY
5	Institution	RITA SKIN FOUNDATION
6	Address	GD 381, SALT LAKE, KOLKATA-700106
7	University affiliation for Dermatology/Venereology/Leprology and for fellowship specialty (if applicable)	Yes/No
8	Does the institute have specific restrictions on fellowship candidates? (If Yes, please give details)	Yes/No
9	Does the fellowship entail any financial implication for the candidates other than that stipulated by the IADVL? (If Yes, please give details)	Yes/No
10	Number of days a week that the OPD runs	SEVEN DAYS
11	Approximate daily attendance of patients in the department	
a	OPD attendance	150 - 200
b	Inpatient attendance	None
12	For departments with other faculty, will the candidate be allowed access to the OT/equipment on the days of other faculty?	Yes/No
13	Faculty who will be in charge if the program director goes on long leave or quits the department	DR. PURVA MEHTA
14	Number of years for which the department /institution has been carrying out similar work	FOUR YEARS

15	In house details	
a	Equipment (for lasers, please specify the types of machines and their utility) Name of machine Indications	DERMLITE 3 FOTOFINDER DERMLITE 4 PHOTO
b	Facilities (e.g. library)	LIBRARY
c	Space	7500 sq. feet
d	Opportunities for basic or clinical research	YES
e	Details of weekly academic activities undertaken by department	PRESENTATION - ONCE A WEEK DAILY CASE DISCUSSIONS
f	Details of presentations/publications/research in the specialty from the department/ institution in the last 2 years	7 INTERNATIONAL PUBLICATIONS
16	Has similar training been offered by the department? (If Yes, please give details)	Yes/No ✓
17	Are hostel facilities available? (If Yes, please indicate the charges)	Yes/No ✓
18	Brief description of the intended training program (daily and weekly routine), including details of the curriculum	1. DAILY HANDS ON TRAINING 2. ONCE A WEEK PRESENTATION
19	Will trainees get hands on training?	Yes/No ✓

Signature and stamp: Subrata Malakar

Name of the Program Director & Centre: DR. SUBRATA MALAKAR, RITA SKIN FOUNDATION

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