

Application for Recognition as an IADVL Observership Centre-2019

If attachments added, please mention the annexure number in the table

1	Specialty (Laser/aesthetic dermatology/dermatosurgery/dermatopathology/pediatric dermatology /combination /others Specify)	LASER/ Aesthetic dermatology / Dermatosurgery
2	Program director (Should have at least 5 years' experience following postgraduation)	
a	Name	PARMJIT SINGH WALLA
b	Qualification (including year of passing)	MBBS (1997) MD (2001)
c	Experience/expertise in the field in years	16 years
d	Working hours in designated centre	9:30 - 1:30 4:00pm - 7:30pm
3	Other faculty who will be in charge if the program director goes on long leave	
a	Name	MANPREET KAUR
b	Whether full time or part time (working hours if part time)	Full TIME
c	Qualifications	MBBS MD DERMATOLOGY
d	Number of hours of service or practice at designated center	9-10 hours (approx.) /day
4	Department	DERMATOLOGY
5	Institution	DR. WALLA'S SKIN & LASER CLINIC
6	Full postal Address	HM-127 PHASE-3BI MOHADI STATE-PUNJAB
7	University affiliation for Dermatology/Venereology/Leprology and for fellowship specialty (if applicable) If yes Specify University	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 Total hours per week	6 days /week
11	Approximate daily attendance of patients in the department 50	
a	OPD attendance	50
b	Inpatient attendance	—

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 Hours per week spent by faculty/faculties at centre	—
14	Number of years for which the department /institution has been carrying out similar work	13 years
15	In house details	
a	Equipment (for lasers, please specify the types of machines and their utility) Name of machine Indications	- Smart Xide ² CO ₂ laser - Diode Laser (dermatology) - Q-switch laser - Btl Exilis elite - Nd:YAG laser - Eximer - HIFU - IPL
b	Facilities (e.g. library)	Library
c	Space	3000 sq. feet
d	Opportunities for basic or clinical research	Yes
e	Details of weekly academic activities undertaken by department Add attachment	Training once a week with review
f	Details of presentations/publications/research in the specialty from the department/institution in the last 2 years Add attachment	—
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 Add attachment	
19.	Will trainees get hands on training?	Yes/No

Brief description in not more than 100 words on the qualities of the center and why it should be chosen

Our center was established in 2002. Not only we have almost all laser technologies of best possible companies, we are one of the top consumers of botox & fillers. Other than this hairtransplant by FUE & vitiligo surgeries make our center attractive to young dermatologist. Already five dermatologist over last 8 years done fellowship from us. (without certificate)

P. Swathi

Signature and stamp: *PSwalia*
Dr. Parmjit Singh Walia
MBBS, MD
Consultant Dermatologist
Reg. No. 30130

DR. WALIA'S SKIN & LASER CLINIC

Name of the Program Director & Centre: DR. PARMJIT SINGH WALIA

Contact no: 941 7015261 Email address: *skinproblems@yahoo.co.in*

Address: HM-127 Phase - 3B1

MOHALI

Signature and stamp of other faculty member/s: *PSwalia*
Dr. Parmjit Singh Walia
MBBS, MD
Consultant Dermatologist
Reg. No. 30130

Manpreet
Reg. No. 42854

Name of the Centre: DR. WALIA'S SKIN & LASER CLINIC

Contact no: 9257221456 Email address: *skinproblems@gmail.com*

Address: HM-127, Phase 3B-1, Mohali.

Signature and Stamp of the Dean/Institutional Head: *PSwalia*
Dr. Parmjit Singh Walia
MBBS, MD
Consultant Dermatologist
Reg. No. 30130

Name of the Dean/Institutional Head: