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/dermat opathology/pediatric dermatology /combination /others Specify)	Laser/aesthetic Dermatology
2		5 years' experience following postgraduation)
а	Name	DE ROHIT BANGAL
b	Qualification (including year of passing)	MBBS (2000); DVD (2003)
c	Experience/expertise in the field in years	15 years
d	Working hours in designated centre	8 Hours
3	Other faculty who will be in charge if th	e program director goes on long leave
а	Name	Dr. Harpreet Rakshi
b	Whether full time or part time (working hours if part time)	Part time (4-5 hause)
С	Qualifications	MRBS MS MCH / Plastic Sugges
d	Number of hours of service or practice at designated center	har of the control
4	Department	Dermatology
5	Institution	De. Daneal's skin 'n' laser Contri
6	Full postal Address	CCO 910, first floor, NAC, Maningjoa
7	University affiliation for Dermatology/Venereology/Leprology and for fellowship specialty (if applicable) If yes Specify University	Yes/Nb
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 patien	its in the department 100 - 120 patients
а	OPD attendance	100 - 120 hatients

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	12 4022
15	In house details	0
а	Equipment (for lasers, please specify the types of machines and their utility)Name of machine Indications	-B-Switch lases (skinonovation) (USFDA) - Diode Lases (Alma), USFDA3 - CO2 Lases - Drode Lases (Lumines) USFDA9 - RF (+C - PIPL (Stellas) - Esbium glass Lases (Lumenis
b	Facilities (e.g. library)	literry, conference soom, Poutry, Laser,
c	Space	2600 sq. peet
d	Opportunities for basic or clinical research	Yes
е	Details of weekly academic activities undertaken by department Add attachment	
f	Details of presentations/publications/research in the specialty from the department/ institution in the last 2 years Add attachment	Liver X seceptor - susceptibility to Vill Poster besentation on Burn scar study exhium Glass Laser in 40th Dermetolog congress - 2015 Speaker for GP Derma UPdate.
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

DR. ROHIT BANSAL Signature and stamp:

Name of the Program Director & Centre: De ROHIT BANCAL

Contact no: 7837814714

Email address: doceohitbansal @ yahoo. co.in

Address: Dr. Bansal's Skin 'n' Laser Contre. Sco-910, First floor, Near hatel Solitaire

NAC, Manimajsa CHANDIGIARH.

Signature and stamp of other faculty member/s:

Dr. M.ARPREET S. BAKSHI M. S. (Surg.) M.Ch. (Plasta Surgery) Director, Skin 'N' Shape Centre Sr. Consultant Plastic Surgeon Alchemist Hospital Cosmetic, Plastic & Han Transplant Surgeon

. Contact no: 9855934001

P.M.C. Reg. No. 31313 00) Email address: dr_bakshi @hediffmail. Com.

Address:

Signature and Stamp of the Dean/Institutional Head:

Name of the Dean/Institutional Head:

MBBS, DVD. Consultant Dermatologist & Venereologist MCI No. 21136