

Application for Recognition as an IADVL Observership Centre-2018

1	Specialty (Laser/aesthetic dermatology/dermatosurgery/dermatopathology/pediatric dermatology /combination /others)	Laser,aesthetic,dermatosurgery,pediatric dermatology,phototherapy,clinical dermatology,hair transplant,combination
2	Program director (Should have at least 5 years' experience following postgraduation)	
a	Name	Satish udare
b	Qualification (including year of passing)	MD(1983);DVD(1981)
c	Experience/expertise in the field	30YRS
d	Working hours	10
3	Other faculty	
a	Name	AMIT KERURE
b	Whether full time or part time (working hours if part time)	PART TIME
c	Qualifications	MD
4	Department	
5	Institution	
6	Address	
7	University affiliation for Dermatology/Venereology/Leprology and for fellowship specialty (<i>if applicable</i>)	Yes/No NO
8	Does the institute have specific restrictions on fellowship candidates? (<i>If Yes, please give details</i>)	Yes/No NO
9	Does the fellowship entail any financial implication for the candidates other than that stipulated by the IADVL? (<i>If Yes, please give details</i>)	Yes/No NO
10	Number of days a week that the OPD runs	6
11	Approximate daily attendance of patients in the department	
a	OPD attendance	130
b	Inpatient attendance	2
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	AMIT KERURE
14	Number of years for which the department /institution has been	30

	carrying out similar work	
15	In house details	
a	Equipment (for lasers, please specify the types of machines and their utility)Name of machine Indications	IPL,Q SWITCH ND-YAG,DIODE,REDIOFREQUENCY TIGHTNING,CRYOLYPOLYSIS,ULTRASONIC LYPOLYSIS,EXCIMER LIGHT,NBUVB,CO2 FRACTIONAL,ELLMAN,MICRODERMABRASION,PEELS,microneedling,electroporation,iantophoresis
b	Facilities (e.g. library)	YES
c	Space	1000SQ FEET
d	Opportunities for basic or clinical research	MANY
e	Details of weekly academic activities undertaken by department	TWICE A WEEK
f	Details of presentations/publications/research in the specialty from the department/ institution in the last 2 years	National international presentation,papers,author/editor of books,reviewer,workshop organizer and coordinater
16	Has similar training been offered by the department? <i>(If Yes, please give details)</i>	Yes/NoNO
17.	Are hostel facilities available? <i>(If Yes, please indicate the charges)</i>	Yes/NoNO
18	Brief description of the intended training program(daily and weekly routine), including details of the curriculum	Daily
19.	Will trainees get hands on training?	Yes/NoYES

Signature and stamp:

Name of the Program Director & Centre:

DR SATISH UDARE

SPARKLE SKIN AND AESTHETIC CENTRE

VASHI,NAVI MUMBAI

Contact no:8454844764

Email address:satish.udare@gmail.com

Address:26,shanti centre,sector 17 vashi navi Mumbai 400703