Team 1



DR PRASHANT B JADHAV

LM/M/1033

Address: PRASHANT CLINIC, PRATHAMESH,

RING ROAD Plot No. 1/1, Near Bahinabai garden, Opp. Brooke bond colony

Email ID: drpbjadhav@gmail.com & Mobile Number: 9822309594

MD DVD DERMATOLOGY

CURRENT POSITION -

✓ Consultant dermatologist and cosmetologist at Prashant Cosmetic Laser Center. Jalgaon Maharashtra **EDUCATION** -

- ✓ MBBS from B J Medical college Pune.
- ✓ Completed DVD in 1993. MD skin In 1996 at Sassoon General Hospital [SGH] Pune.
- ✓ Dr P B Joshi Prize for standing First in University.

AWARDS -

- ✓ Dr D J Patil award in Cuticon 2012. For best paper
- ✔ Dr. C K Jagavkar award , Twice for best papers.

CONTRIBUTION TO IADVL

- ✓ Joint secretary national IADVL Treasurer Maha IADVL in 2017-18
- ✓ IADVL CC Member 2021-24
- ✓ Ex- member of IADVL E-Voting committee.
- ✓ Ex- member of Maha IADVL constitution committee. Successfully organized physical and virtual CMEs for IADVL

PUBLICATIONS

- ✓ First to publish about Oral chemical leucoderma. [IDOJ]
- ✓ First to publish about Neem induced leucoderma. [Clinical and experimental dermatology journal]
- ✓ Publications in International journal of trichology, IJ D D etc.

PRESENTATIONS

- ✓ Invited speaker in Cuticons and national CMEs.
- Presented papers and posters in many national and international conferences.

MFMBFRSHIP

LIFE MEMBER OF

- 1] IADVL-27 years
- 2] IMA [Jalgaon]-27 years
- 3] European Academy of Dermatology and Venereology 4] Association of Cutaneous Surgeons of India
- 4] Cosmetic Dermatology Society of India
- 4] 6] The Society of Eczema studies

I hereby wish to declare the following conflicts of interests such as associations with industry/other societies/conferences: NiL report is needed specifically for each clause

- a) I am an owner/ employee/consultant/advisor (specify any other capacity) in the following pharma/aesthetic company or instrument supplier/dealer or cosmetic company or chain of clinics: Name of company Position term and duration NIL
- b) I am an office bearer in the below mentioned capacities in the following medical associations/societies (mention when the term of office will be over) Name of Society/association Position term and duration N.L.
- c) I am in the following position in organizing committees of the following congresses: mention dates of conferences, Name of conference, position NIL

I CONFIRM THAT ABOVE INFORMATION IS TRUE AND AM LIABLE FOR ACTION INCASE ANY OF IT IS FOUND FALSE

Name and Address: Dr. Prachant B Jacher

' Prathomesh', Avashant clinic, 1/1, Ring Rocal

Near Bahinabai Garden, Jalgaan 625001 MAHARASHTRA

Mobile number: 9822309594

Email id: