



## DR. KOUSHIK LAHIRI

LM/WB/2503

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**Dr. Koushik Lahiri (LM/WB/2503)**, a life member of IADVL since 1995, is exclusively engaged in the practice, teaching and research of dermatology, venereology and leprology.

A Professor and Senior Consultant Dermatologist at Apollo Multispecialty Hospitals, Kolkata, India.

### ● Services to IADVL

#### ▶▶ National level

- ✓ Past Honorary General Secretary and Joint General Secretary of National IADVL
- ✓ Founder Chairperson of the ITATSA and past Chairperson of ITAQ

### ● State level

- ✓ Past President, Hon. Secretary and treasurer IADVL WB

### ● Services to other organisations:

- ✓ Past President: ACS(I)

### ● International positions:

- ✓ Vice President and director : International Society of Dermatology
- ✓ Board member Journal of American Academy of Dermatology International(JAADI)
- ✓ Visiting Professor of University California Davis, USA.

### ● Proposed/created/coined

- ✓ IADVL Academy of Dermatology
- ✓ ACSI Academy of Dematosurgery
- ✓ ACAD and other administrative e-groups for IADVL
- ✓ Conference names like DERMACON, DERMAZONE and CUTICON

● **ACADEMIC ACHIEVEMENTS:**

- ✓ 168 Publications,8 Books, 31 Chapters, 124 articles, delivered 400+ lectures
- ✓ Described the entity TSDF

● **Editorial experiences**

- ✓ Past Editor, Indian Journal of Dermatology(IJD)
- ✓ Editorial board member of IADVL Text Book of Dermatology.

● **AWARDS:**

1. B M Ambady Oration (2013)
2. P N Behl Oration (2017)
3. IADVL Dermapractice Award (2022)
4. EADV podcast on his work and life (2023)
5. AAD Member making a difference Award (2018)
6. Fellow of IADVL Academy of Dermatology (2011)
7. International League of Dermatological Societies (ILDS) Certificate of appreciation award 2015

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 NIL

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

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