



DR. P.D. JOSHI

Consulting Dermatologist "Tejas" Near Mahavir Chowk, G.G.Road, Nanded 43161

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Ph : 02462-244668, Mob : 9422171778

- ✓ MBBS From GMC Auaranagbad 1976
- ✓ PG in Dermatology from Grant Medical College, Mumbai, University, Mumbai.-1978
- ✓ Training in Allergy at Vallabhbhai Patel Chest Institute Delhi University New Delhi - 1978.
- ✓ Training in Allergy at Vallabhbhai Patel Chest Institute Delhi University New Delhi-1978.
- ✓ Consulting Practice at Nanded Since - 1979
- ✓ Active office bearer IADVL Maharashtra State.
- ✓ Executive Member 1999-2009.
- ✓ Vice President 2009-2011.
- ✓ President 2012.
- ✓ Organising President - CUTICON 2012 Nanded.
- ✓ Vitiligo Stigma Awareness Programme arranged every year since 2009.
- ✓ Vice President, Hind Kushtha Nivaranasangh Maharashtra- since 2004.
- ✓ Holding Regular CME on Leprosy in all parts of Maharashtra for Last 20 years participation as Faculty Member.
- ✓ Chaired various session in state and National Dermatology conferences.
- ✓ Receipt of Scroll of Honour Maharashtra IADVL at cuticon Nagpur 2018.
- ✓ Dermsewa Award by National IADVL at Dermacon PUNE 2020.

ACTIVE INVOLVEMENT IN OTHER ORGANISATION.

- ✓ Founder co chairman-Indian Red Cross Society Nanded Branch. Established First Blood bank and Ambulance & Hearst Service in Nanded District.
- ✓ Founder and President sandhyachaya Home for Seniors - (Oldage Home) at Nanded Established 1988. Shelter and support to the needy senior citizens.
- ✓ Founder president, Pariwar Pratishthan Nanded- A Social Voluntary organisation working for eradication of child labour and conducting special schools for them.
- ✓ "1098 Childline Nanded" - helpline for children was run by this organisation for 12 years - giving relief to many girl from Child Marriage & Rehabilitation of Children found on Railway Station and streets.

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

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

c) I am in the following position in organizing committees of the following congresses:
mention dates of conferences, Name of conference, position

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

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