

Team 2



DR. SYED MUBASHIR

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Professor Dermatology, Government Medical College, Baramulla, Jammu & Kashmir

Professional experience

1. Lecturer Dermatology Government Medical College Srinagar. 3.1.2011 to 27.2.2019.
2. Associate Professor Dermatology Government Medical College Srinagar Kashmir.
3. PROFESSOR DERMATOLOGY GMC BARAMULLA

Educational Qualification

Examination	Institution	University	Year of Passing
MD Dermatology FRGUHS post doctoral fellowship in Dermatotomy	P S Medical College Gujrat BMCRI Banglore	Sardar Patel University Gujarat RGUHS KARNATAKA	2008 2011
MBBS	V M M C Medical College karikal Pondicherry	University of Pondicherry	2004

1. PRESIDENT IADVL JK BRANCH 2022 /23
2. CC MEMBER IADVL JK 2023 TO 2024
3. TREASURER JK IADVL 2017/18
4. TREASURER JK IADVL2019/20
5. ORGANISING CHAIR CUTICON 2022
6. CORDINATOR SIG TRICHOLOGY &HT 202/24
7. SIG Convenor for Special interest Group for Dermatotomy 2021 to 22
8. Part of project funded by IADVL Academy on vitiligo study including AIIMS
9. Reviewer for various national and international journals including European academy of dermatology.
10. Treasurer for CODFI 2017 -18
11. Was the part of organising committee as a Treasurer for the Conference cum Workshop held in Srinagar by Contact and Occupational Dermatoses Forum of India 2015.
12. Scientific Secretary and Treasurer for Onychochon 2016

13. Member of Special interest Group of Indian association of dermatology on hair transplantation.
2017 -18

Presentations at National & International 103

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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