



## **DR. VINAY SINGH**

LM/ND/2993

Address : 412,C9,PEARLS BEST HEIGHTS II, Behind MAX Hospital,  
Netaji Subhash Place, Pitampura, Delhi

Email ID :drvinay522@yahoo.com & Mobile Number:9811066509

Educational Qualifications : M,B; B,S., M.D

**Academic Summary :** Published 6 papers in reputed journals.

Presented papers in World congress of Dermatology, international congress of Psoriasis & Dermacons.

Written 04 chapters for Psoriasis & biologics.

### **IADVL Activities & Posts held**

1. Vice President National IADVL -2023.
2. President IADVL Delhi State Branch- 2021.
3. Vice President IADVL Delhi State Branch - 2018 & 2020.
4. Honorary Secretary IADVL Delhi State Branch - 2019.
5. Member EC IADVL Delhi State Branch - 2002 -2023.
6. Member SIG Psoriasis IADVL National 2014-2018
7. Member ACSI, IASSTD.
8. Member ITAQ 2022.
9. Member ITATSA.

### **Awards and Academic achievements:**

1. 1st position in M.D. Examination, Gujarat University.
2. Prof. Sardari Lal Memorial Award, 2023.

**Other:** I have contributed during important discussions in GBM & CC meets- e.g., Current Issue of Maharashtra Branch, CPS, Zero registration for senior citizens, etc.

I am working tirelessly to curb quackery in dermatology.

**Vision Statement:** I wish to contribute more to the progress of IADVL for unbiased benefits of every common member.

I wish to declare that I do not have any Conflicts of interests, such as industries, associations, societies, chain of clinics or conferences at present.

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 N/A

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/A

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

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

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