

**Prof Kiyonari Inamura Memorial AFOMP Oration**  
**Asia-Oceania Federation of Organizations for Medical Physics**

**Nomination Form**

1. Name of the candidate:
  
2. Name of AFOMP national member organization of which the candidate is a member:
  
3. Date of birth:
  
4. Work address:
  
  
5. Home address:
  
  
6. Email:
  
  
7. Candidate's relevant significant achievements in medical physics (nationally and internationally) and contributions to the cause of medical physics. (Use additional sheets if required.).

8. Name of nominator/sponsor

9. Name of AFOMP national member organization of which the nominator/sponsor is a member:

10. Work address:

11. Home address:

12. Email:

13. Place of work of the sponsor within last 5 years:

From	To	Affiliation and Place of Work	Designation

Signature of the sponsor/nominator

Signature of the candidate

Date:

Date:

**Email this form once completed to the AFOMP Secretary General at**

**[secgenafomp@gmail.com](mailto:secgenafomp@gmail.com)**

**The candidate's CV must accompany this application form.**