

AFOMP Lifetime Achievement Award
Asia-Oceania Federation of Organizations for Medical Physics
Nomination Form

Nominee Details

1. Name of the nominee:

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 and awards in medical physics (nationally and internationally) and contributions to the cause of medical physics in the AFOMP region and specifically addressing selection criteria for this award (Use an additional sheet if required. Maximum 1500 words).

Nominator Details

8. Name of nominator:

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

10. Nominator's role (President or Secretary General):

12. Email:

Signature of the sponsor/nominator

Signature of the candidate

Date:

Date:

Email the completed form to the AFOMP Secretary General at:

sg.afomp@gmail.com

The candidate's CV must accompany this application form.