**PN KRISHNAMURTHY MEMORIAL AFOMP Young Achiever Award**

NOMINATION FORM 2024

**NB: Only NMOs that are in good financial standing with AFOMP can apply for the award. You can confirm your NMO’s status with your President/Secretary.**

**A) Nominee’s Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Full name of the nominee |  |
| 2. | AFOMP national member organization of which the candidate is a member of |  |
| 3. | Date of birth (dd-mm-yyyy) |  |
| 4. | Correspondence address |  |
| 5. | Email address(es) |  |

**B) Nominee’s Occupational Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Current occupation, role and institution  (incl. dates) |  |
| 2. | Previous occupation(s), role(s) and institution(s) (incl. dates) |  |

**C) Nominee’s University Education Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Postgraduate degree(s)  (incl. institution(s) and dates) |  |
| 2. | Undergraduate degree(s)  (incl. institution(s) and dates) |  |

**D) Nominee’s Evidence of Leadership Skills:**

1. Impact on the science and scientific practice of Medical Physics in the AFOMP region as appropriate for an early career researcher.
2. Demonstration of contribution to community, innovative industrial applications (device development /patent etc), or the broader field of work in medical physics.
3. Quality publications, conference presentations, patents and/or other awards or recognitions. Kindly provide the journal quartile (i.e. Q1/ Q2 journals), citations number and H index by Scopus.
4. Activities and achievement in any national and/or international organizations for Medical Physics.

**E) Nominator’s Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Full name of the nominator |  |
| 2. | AFOMP national member organization of which the nominator is a member of |  |
| 3. | Nominator’s role | President  Secretary General |
| 4. | Email address |  |

**F) Declaration:**

I hereby declare that the information provided above regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominee’s full name) is true and accurate.

|  |  |
| --- | --- |
| ………………………………………... | …………………………………….…. |
| Signature of the Nominator | Signature of the Nominee |
| Date: | Date: |

INSTRUCTIONS:

Email the completed form to the AFOMP Secretary General at: sg.afomp@gmail.com

Please include:

1. The candidate’s CV
2. Certificates of educational qualifications
3. Date of birth certificate
4. Experience certificate
5. Any relevant scientific papers/abstracts/certificates
6. Letter from the current employer

Any additional directly-relevant information may also be submitted for consideration.