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# Asia-Oceania Federation of Organizations for Medical Physics

[www.afomp.org](http://www.afomp.org)

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**WC | EPSM | ABEC | ICMP | AOCMP 2025**

**25<sup>th</sup> Asia-Oceania Congress of Medical Physics (AOCMP) 2025**  
**29 September- 4 October 2025, Adelaide, Australia**  
<https://wc2025.org/>

## **Goals of the Awards**

1. To assist medical physicists from the developing countries in the AFOMP region to attend and present their work at the 25<sup>th</sup> AOCMP.
2. To foster international co-operation in the field of medical physics between AFOMP member countries.

## **The Awards**

- 1 Up to US\$ 500 for each successful applicant from within AFOMP region

## **Mandatory Requirements**

- 1 The applicant shall be a medical physicist (including medical physics students) currently practicing in an AFOMP member country<sup>1</sup>; and
- 2 If an applicant is practicing in a country in which there is an AFOMP member organization, the applicant must be a member of that organization and the member organization must be up-to-date with its AFOMP subscription; and
- 3 The applications shall be verified and endorsed by the respective AFOMP member organizations (this condition may be exempted for applicants from countries where medical physics organizations do not exist); and
- 4 The applicant shall have at least one abstract accepted for presentation at the 25<sup>th</sup> AOCMP; and
- 5 The Awards will be presented and payment made at the Congress closing ceremony; and
- 6 The awardee shall submit a short report by October 30, 2025 to the AFOMP Secretary-General and to the awardee's Medical Physics Association/Society on what was learnt at the Congress and how he/she intends to apply that in his/her own country.

## **Selection Criteria**

Higher priority will be given to the following.

- Applicants from the developing countries/areas.
- Candidate must have abstract submitted, which is accepted and awarded as oral presentation
- The value to the applicants in promoting medical physics in their institutions/countries in attending the congress. Applicants with higher quality abstracts
- Younger scientists will avail this award.

## **Application Procedure**

1. Complete application form given below must be emailed to: Dr Aik Hao Ng, the AFOMP Secretary General ([sg.afomp@gmail.com](mailto:sg.afomp@gmail.com)) and copy to the Chair of Awards & Honors Committee ([ahc.afomp@gmail.com](mailto:ahc.afomp@gmail.com)) by 1st May 2025
2. Applications received shall be considered by the Awards & Honors Committee<sup>2</sup>, whose decision shall be final. Applicants should provide in their applications all relevant information for assessment by the Committee.

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<sup>1</sup> Medical physicists practicing in the developing countries in the AFOMP region but not yet an AFOMP member may also apply.

<sup>2</sup> Membership: John Drew (Australia), James Lee (Singapore), Wada Shinichi (Japan) and Kanchan Adhikari (Nepal),  
2025

**APPLICATION FORM FOR THE AFOMP TRAVEL AWARDS**  
**25<sup>th</sup> AOCMP, 29 September- 4 October 2025, Adelaide, Australia**

Complete application form with a copy of the submitted abstracts must be emailed to: Dr Aik Hao Ng, the AFOMP Secretary General ([sg.afomp@gmail.com](mailto:sg.afomp@gmail.com)) and copy to the Chair of Awards & Honors Committee ([ahc.afomp@gmail.com](mailto:ahc.afomp@gmail.com)) by 01 May 2025

**1. APPLICANT:**

Country of Practice:

Given Name:

Surname:

Address at Work:

Telephone No : e-mail Address:

Present Job Position:

Main Duties:

Title of Paper/Poster:

Motivation for attending the conference (Attach a separate page if necessary):

Details of any AFOMP awards received previously:

Signature of Applicant: ...

Date: ...

**2. ENDORSEMENT OF APPLICATION BY OFFICIAL OF AFOMP NATIONAL MEMBER ORGANIZATION (if one exists in your country):**

Name of AFOMP Member Organization: .....

Name of Official:.....Position in Organization: .....

Correspondence Address: .....E-mail Address:.....

Comment on the Application: .....

Is the applicant a member of your organization? Yes/No (delete as appropriate)

Signature of Official: ..... Date: .....