**Professor Sung Sil Chu AFOMP Best Student’s Publication Award**

**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(dd-mm-yyyy):  |  |
| 4. | Correspondence address:  |  |
| 5. | Email:  |  |

**Institution Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Is the candidate a current postgraduate (Master or PhD) student? | ☐ Master☐ Not a current student (not eligible)☐ PhD |
| 2.  | Postgraduate programme name: |  |
| 3 | Please attach a copy of the student ID or letter of acceptance from the institute. | ☐ Yes ☐ No  |
| 4.  | Institute name and full address: |  |
| 5.  | Principal Supervisor or Programme Coordinator Name:  |  |
| 6. | Signature and Stamp of the Principal Supervisor or Programme Coordinator: |  |

**Publication Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Full citation of the publication (in APA style) (E.g. Chougule, A. (2021). Status of medical physics education and training in AFOMP region. Physical and Engineering Sciences in Medicine, 1-8.) |  |
| 2. | Is the nominee the first author of this publication? | ☐ Yes☐ No |
| 3. | Date of publication(dd-mm-yyyy): |  |
| 4. | Type of publication:(Review article, perspective, opinion and commentary is not accepted) | ☐ Original Research☐ Technical Note☐ Clinical Case Study☐ Clinical Trial☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Please attach a full copy of the publication with this application form. | ☐ Full paper attached (Skip Question 6)☐ Full paper is not available (go to Question 6) |
| 6. | If the paper has not been published yet, attach a copy of the acceptance letter. | ☐ Acceptance letter attached☐ Acceptance letter is not available (application will be rejected) |

**Nominator Details:**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the nominator:  |  |
| 2. | Name of AFOMP national member organization of which the nominator is a member:  |  |
| 3. | Nominator’s role: | ☐ President☐ Secretary General☐ Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Email:  |  |

**Declaration:**

I hereby declare that the information provided above 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**

**A full copy of the publication and student ID/letter of acceptance must be submitted together with this application form.**