

## PRINCE MAHIDOL AWARD NOMINATION FORM

### Instruction

1. Please fill out the form completely and accurately. If you don't fill the required blanks, there will be an error message telling what you need to fill.
2. After you fill out the form completely and submit your information, you will see the information that you have had submitted.
3. **Please note that, Self-nominations are NOT ACCEPTED.**

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### I. NOMINEE

Name of institution (s) or individual (s) with title, position and affiliation. \* \_

### II. MAILING ADDRESS

Home Address or Office Address

Address:.....

City:.....Country:.....Postal Code:.....

Phone:.....Fax:.....E-mail:.....

Other:.....

### III. JUSTIFICATION FOR NOMINATION

III.1 Has the awardee made a scientific contribution of internationally recognized standards which has been shown to be of important benefits to a large number of the people of the world, transcending notional boundary?

III.2 Has the awardee made successfully an application of a body of scientific knowledge to the benefits of a large number of the people of the world, transcending national boundary?

IV. STATEMENT IN SUPPORT OF THE NOMINATION

Please provide details of the best or the most significant contribution of the candidate.

IV.1 Give objective evidence of the impact of the medical research, health research or health service to a large number of people.

IV. 2 Would you care to give the name of other worthy candidate in the same field as the nominee?  
(optional)

V. AWARDS AND HONOURS RECEIVED

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VI. EDUCATIONAL BACKGROUND

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VII. POSITIONS OCCUPIED

List the present position (s) and the previous position (s) with dates and durations together with names and addresses of employers.

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**VIII. PUBLICATIONS**

List all important publications.

Submit reprints or copies of important ones (not more than five). Attach English abstracts or English translation in case publications are not in English.

**IX. NOMINATED BY**

Name.....

Title.....

Position.....

Address.....

City..... Country..... Postal Code.....

Phone..... Fax ..... E-mail.....

Other.....

Date:.....

**Note**

1. Please give full information on the category III & IV. Well prepared statements which are verifiable will be of value to the nominees and to the selection committees.
  2. Please send **not** more than two letters of references, that could add more information and justification for the nomination, along with the nomination.
  3. In case the nominee is an institution, please attach documents on the history, status and key officials of the institution (s). Use additional paper for each category for information as necessary.
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**Send the nomination form to:**

The Secretary General

Prince Mahidol Award Foundation

Mahidol-Bumpen Building, 2<sup>nd</sup> Floor,

Faculty of Medicine Siriraj Hospital, Mahidol University

2 Prannok Road, Bangkoknoi, Bangkok 10700, Thailand

Tel. (662) 418-2568

Fax. (662) 412-9717

e-mail: [pmaf@mahidol.ac.th](mailto:pmaf@mahidol.ac.th)

Website: [www.princemahidolaward.org](http://www.princemahidolaward.org)