

CANDIDATURE FOR THE DR A.T. SHOUSHA FOUNDATION PRIZE

PART 1-6

Name:	
Address:	
Nationality:	
Date of birth:	
Sex:	

Qualifications:	Give full details in chronological order, starting with most recent qualifications	
Date	Institution	Qualification obtained

Present Position	
From:	
Important Positions Held	Give full details in chronological order, starting with first position held including area of expertise
Date	Position held

PART 7	Total years of work experience in the specific area of public health/medical science for which candidates is being considered

PART 8	Degrees conferred in recognition of global/regional contributions to public health and or medical science
PART 9	Outstanding achievement in public health/medical science as: <ol style="list-style-type: none">1. Leader/manager – Program Manager, Director General, Deputy Minister and Minister of Health2. Civil society representative or activist3. Leading academic4. Others. Please specify
PART 10	Title and number of national/international seminars/ symposia/ workshops attended as key note speaker along with the titles of the presentations. Please mention dates.

PART 11	List of the most prominent publications demonstrating significant contribution to dissemination of knowledge in public health/medical sciences (National and International peer reviewed journals)
PART 12	List of the publications as first author - Please add url of each publication if available
PART 13	List of the published Books or translated Books - please add url of each publication if available

PART 14	Member of national scientific committee appointed by Ministers, Dean of the University or Head of the International Organization

PART 15 Awards and Honours/ Fellowship (national or international)		
Date	Awarding body including fellowships	Name of award/fellowship

PART 16	Any specific major achievement in public health recognized and certified by an international scientific or research institutes, university or UN agencies

Recommended by: (please type or print)	
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Name of Ministry, if applicable:	
Name and title of governmental official:	
Signature:	
Date of submission:	
Date of receipt in EMRO:	

CANDIDATURE FOR THE DR A.T. SHOUSHA FOUNDATION FELLOWSHIP

PART 1-6

Name:	
Address:	
Nationality:	
*Date of birth:	
Sex:	

Qualifications:	Give full details in chronological order, starting with most recent qualifications	
Date	Institution	Qualification obtained

Present Position	
From:	
Important Positions Held	Give full details in chronological order, starting with first position held including area of expertise
Date	Position held

PART 7	Total years of work experience in the specific area of public health/medical science for which candidates is being considered

* It is highly recommended that Applicants are not older than 35

PART 8	Degrees conferred (not less than Master degree or minimum in the third year of PhD programme)
PART 9	Achievement in public health/medical science as: 1. Academic 2. Program Manager 3. Civil society representative or activist 4. Others. Please specify
PART 10	Title and number of national/international seminars/ symposia/workshops where papers presented. Please mention dates and topic of your presentation/s.

PART 11	List of the most prominent publications demonstrating significant contribution to dissemination of knowledge in public health/medical sciences (International & national in peer reviewed journals), please provide url	
PART 12 Awards and Honours/ Fellowship (national or international) Please attach copy of awards		
Date	Awarding body including fellowships	Name of award/fellowship
PART 13	English proficiency certificate (ILETS, TOEFL) Please provide certificate	
PART 14	Personal statement not more than 500 words, outlining: a. Benefits of this fellowship and its use in future career b. The institutes selected and reason c. Benefits of this fellowship for the Government d. How the candidate can add value to the fellowship	

Recommended by: (please type or print)	
Name of Ministry, if applicable:	
Name and title of governmental official:	
Signature:	
Date of submission:	
Date of receipt in EMRO:	