|  |  |
| --- | --- |
| **Name :**  **Address :**  **Nationality :**  **Date of birth:**  **Sex :** | ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  ……………………………………………………………………………………………………..  …………………………………………………………………………………………………….. |

|  |  |  |
| --- | --- | --- |
| **QUALIFICATIONS :** | **Give full details in chronological order, starting with most recent qualifications** | |
| **Date** |  | **Qualification obtained** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **AWARDS AND HONORS :** | **Including fellowships** |  |
| **Date** | **Awarding body** | **Name of award** |
|  |  |  |

|  |  |
| --- | --- |
| **POSITION HELD :** | **Give full details in chronological order, starting with first position held** |
| **Date** | **Position held** |
|  |  |

|  |  |
| --- | --- |
| PRESENT POSITION | …………………………………………………………………………………………..  …………………………………………………………………………………………..  …………………………………………………………………………………………...  …………………………………………………………………………………………..  ………………………………………………………………………………………….. |
| Form : |

|  |  |
| --- | --- |
| SPECIAL ACHIEVMENTS : | Give details of significant contributions to any health problem in the geographical area concerned which would quality the candidate for the Prize. |
|  | |

|  |
| --- |
| ASSOCIATION MEMBERSHIP : |

|  |
| --- |
| PUBLICATIONS : |

|  |  |
| --- | --- |
| Submitted by :  Date of submission :  Date of receipt in WHO headquarters : |  |

|  |  |
| --- | --- |
| Recommended by : |  |
| Name of Ministry : | Ministry of Health and Medical education, Islamic Republic of Iran |
| Name and title of governmental official: | Dr.M. Vahid Dastjerdi,  Minister Health and Medical Education, IR Iran |
| Signature : |  |
| Date of submission : |  |
| Date of receipt in EMRO : |  |