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

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| **QUALIFICATIONS :** | **Give full details in chronological order, starting with most recent qualifications** |
| **Date** |  | **Qualification obtained** |
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| **AWARDS AND HONORS :** | **Including fellowships** |  |
| **Date** | **Awarding body** | **Name of award** |
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| **POSITION HELD :** | **Give full details in chronological order, starting with first position held** |
| **Date** | **Position held** |
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| PRESENT POSITION | …………………………………………………………………………………………..…………………………………………………………………………………………..…………………………………………………………………………………………...…………………………………………………………………………………………..………………………………………………………………………………………….. |
| Form : |

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

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| PUBLICATIONS : |

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

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| 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 : |  |