

AsCNP Lundbeck Science Award Application Form

Please choose Clinical researcher    Basic researcher

Full name of nominee: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Year of birth: \_\_\_\_\_

Nominee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Full name of Nominator: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Nominee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

One to three-page statement of the justification of the nomination (Recommendation letter).

Publication list of the nominee: