

## AsCNP Science Award 2025 Application Form

**Please select one:**

Clinical researcher  Basic researcher

**Nominee Information**

Full Name: \_\_\_\_\_

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

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

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

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

Year of Birth: \_\_\_\_\_

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

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

**Nominator Information**

Full Name: \_\_\_\_\_

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

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

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

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

Nominator's Signature: \_\_\_\_\_

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

**Supporting Documents**

1. A one- to three-page statement justifying the nomination (Recommendation letter).
2. A complete publication list of the nominee.