

NOMINATION FORM

MH QAZI EXCELLENCE IN HEALTH PROFESSIONS EDUCATION AWARD

Instructions for Nominator:

- This form is to be completed by the nominator proposing an individual for the MH QAZI Excellence Award.
- Ensure all sections are completed in full.
- Submit this form along with:
 - Curriculum Vitae of the nominee.
 - Supporting documents (e.g., evidence of excellence, outcomes, impact).
- Justification for nomination should be between 300 to 500 words.
- Only one submission is allowed per member/team/organization annually.
- The Award is open to Pakistani nationals only.

1. Details of Nominator:

Title (Prof./ Dr.):	
Name:	
Designation:	
Institute:	
Address:	
City:	Country:
Mobile No:	Telephone:
Email:	Website (if any):

Relationship with the nominee: (e.g. Supervisor, Colleague, Mentor..)

2. Details of Nominee:

Title (Prof./ Dr.):	
Name:	
Designation:	
Institute:	
Address:	
City:	Country:
Mobile No:	Telephone:
Email:	Website (<i>if any</i>):

3. Reason/ justification for selection of nominee for Excellence Award (Key Achievements)

(Justification by the nominator, highlighting key achievements in bullet points, explaining why the award should be granted to the nominee (300–500 words))

Documents to be submitted

The following documents are to be submitted via *email to: awardsichpe@ucm.uol.edu.pk*

- ☐ Duly filled in Nomination form
- ☐ Curriculum vitae of the nominee
- ☐ Supporting document provided in this nomination form for information

Undertaking by Nominee

I, the undersigned affirm that the above furnished information is correct to the best of my knowledge. I grant to ICHPE the right to copy, reprint, and quote or publish any of the above information as part of its Award program or other public communication.

(Signature of Nominator)

Nominator's Full Name:

Date:

For Use of Evaluation Committee

Date Received:

Received By:

Nomination: Complete ☐ Incomplete ☐

Feedback of the committee: