

## 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 ( <i>if any</i> ): |
| 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**

*(Justification by the nominator, why the award should be granted to the nominee – 300 to 500 words)*

### **Documents to be submitted**

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

The following documents are to be submitted via *email to: [awardsichpe@ucm.uol.edu.pk](mailto:awardsichpe@ucm.uol.edu.pk)*

### **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: