Nominations for Prince Mahidol Awards 2016

The Royal Thai Embassy invites the public health and medical authorities in Sri Lanka to nominate individuals or institutions for the Prince Mahidol Awards 2016.

A copy of the note received from the Embassy and the nomination form are attached.

Those who are interested can submitted their nominations directly to the Foundation or through the Royal Thai Embassy in Colombo by May 19, 2016 with a copy to the following address;

Director
International Health Unit
Management Development and Planning Unit
Ministry of Health, Nutrition and Indigenous Medicine
“Suwasiripaya”
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10
The Royal Thai Embassy presents its compliments to the Ministry of Health of the Democratic Socialist Republic of Sri Lanka and has the honour to inform the latter that Prince Mahidol Award Foundation, which is under the Royal Patronage of His Majesty King Bhumibol of Thailand, would like to invite the public health and medical authorities in the Democratic Socialist Republic of Sri Lanka to nominate individuals or institutions, whose outstanding performance and research in medicines or public health contribute directly to the betterment of society, for the Prince Mahidol Awards 2016.

The nominations can be submitted directly to the Foundation or through the Royal Thai Embassy in Colombo by May 19, 2016. The details about the Foundation, the Awards and the nomination form are attached herewith. Alternatively, they are also available online at http://www.princemahidolaward.org/index.en.php

The Royal Thai Embassy avails itself of this opportunity to renew to the Ministry of Health of the Democratic Socialist Republic of Sri Lanka the assurances of its highest consideration.

Ministry of Health of
the Democratic Socialist Republic of Sri Lanka,
COLOMBO.
PRINCE MAHIDOL AWARD
NOMINATION FORM

Instruction
1. Please fill out the form completely and accurately. If you don't fill the required blanks, there will be an error message telling what you need to fill.
2. After you fill out the form completely and submit your information, you will see the information that you have had submitted. Please print it out, sign your name, attach other required documents and send to the address that will be shown when you have had submitted.

I. NOMINEE
Name of institution(s) or individual(s) with title, position and affiliation:

II. MAILING ADDRESS
Home Address or Office Address
Address:
City: Country: Postal Code:
Phone: Fax: E-mail:
Other:

III. JUSTIFICATION FOR NOMINATION
III.1 Has the awardee made a scientific contribution of internationally recognized standards which has been shown to be of important benefits to a large number of the people of the world, transcending notional boundary?
III.2 Has the awardee made successfully an application of a body of scientific knowledge to the benefits of a large number of the people of the world, transcending national boundary?

IV. STATEMENT IN SUPPORT OF THE NOMINATION

Please provide details of the best or the most significant contribution of the candidate.

IV.1 Give objective evidence of the impact of the medical research, health research or health service to a large number of people.

IV.2 Would you care to give the name of other worthy candidate in the same field as the nominee? (optional)
V. AWARDS AND HONOURS RECEIVED

VI. EDUCATIONAL BACKGROUND

VII. POSITIONS OCCUPIED
List the present position(s) and the previous position(s) with dates and durations together with names and addresses of employers.
VIII. PUBLICATIONS
List all important publications.
Submit reprints or copies of important ones (not more than five). Attach English abstracts or English translation in case publications are not in English.

IX. NOMINATED BY Please note that, Self-nominations are NOT ACCEPTED.

Name:..................................................................................................................
Title:....................................................................................................................
Position:............................................................................................................
Address:............................................................................................................
City............................................ Country........................................ Postal Code:.............
Phone............................................ Fax........................................ E-mail:............... Other:..............................................................................................................

Date:..................................................................................................................

Note
1. Please give full information on the category III & IV. Well prepared statements which are verifiable will be of value to the nominees and to the selection committees.
2. Please send not more than two letters of references, that could add more information and justification for the nomination, along with the nomination.
3. In case the nominee is an institution, please attach documents on the history, status and key officials of the institution(s). Use additional paper for each category for information as necessary.
Send the nomination form to:
The Secretary General
Prince Mahidol Award Foundation
Mahidol-Bumoon Building; 2nd Floor,
Faculty of Medicine Siriraj Hospital, Mahidol University
2 Prannok Road, Bangkoknoi, Bangkok 10700, Thailand
Tel. (662) 418-2568
Fax. (662) 412-9717
e-mail: pmaf@mahidol.ac.th
Website: www.princemahidolaward.org