



2015 Best Young Investigator Prize

Application Form

Name* (Last name first) Dr / Prof			
College Membership*: F / M / A	Fellow No.	Member No.	Associate No.
Date of birth:	____(day) ____ (month) ____ (year)		

Hospital/Institution	
Contact telephone no.	
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Title of Research Paper	_____ _____
Date published:	
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Declaration

I hereby declare that I am the first author or corresponding author of the research paper submitted.

Signature : _____ Date: _____

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Submission Deadline: 31st August 2015