



**Appendix I**

**2022 Best Young Investigator Prize  
Submission Form**

Name (please <b>print</b> )	<input type="checkbox"/> Dr / <input type="checkbox"/> Prof _____		
College Membership:	<input type="checkbox"/> Fellow No. _____	<input type="checkbox"/> Member No. _____	<input type="checkbox"/> Associate No. _____
Date of birth:	_____(day) _____ (month) _____ (year)		

Hospital/Institution	_____
Contact Telephone No.	_____
Email Address (please <b>print</b> ):	_____

Correspondence Address:	_____ _____ _____
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Title of Research Paper	_____ _____ _____
Date Published:	_____
Publication	_____

**Declaration**

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

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

**Submission Deadline: 15 September 2022 (Thursday)**