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| **CITATION FOR CANDIDATE** **CONFIDENTIALITY MUST BE PRESERVED.** (THE CANDIDATE MAY HOWEVER BE INFORMED OF THE NOMINATION AT THE PROPOSER’S DISCRETION.). |

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| NAME/SURNAME |  |
| TITLE  |  |
| DATE OF BIRTH |  |
| NATIONALITY\*\* |  |
| POSTAL ADDRESS |  |
| PHONE |  |
| Email |  |

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| BRIEF CITATION SETTING OUT PERSONAL ACHIEVEMENTS IN **MEDICINE** FOR WHICH THE CANDIDATE IS DISTINGUISHED. This citation shall be used in publicity documents; it may include words/phrases such as: ‘Distinguished for…’, ‘Outstanding for…’, ‘Eminent for….’ etc. The citation should not exceed 50 words in length.  |
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| NATIONAL AND INTERNATIONAL HONOURS |
| Acronym | Year of Award | National / International |
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\*A completed Application/Nomination Form will be accepted from 1st April, 2021 through 30th April, 2021. Electronic submission (via email) is preferred. A typed or block A4 letter (black ink) version is also acceptable; to be considered, it must be posted no later than 12:00 noon on the 30th April, 2021.

\*\* There is required attached evidence that the applicant / nominee is of Cypriot-origin.

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| ACADEMIC DEGREES & QUALIFICATIONS (including honorary degrees) |
| Acronym degree | Subject | Awarding university | Year of award | Class of honours |
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| **MEMBERSHIP IN ACADEMIES, SOCIETIES AND PROFESSIONAL BODIES** (A distinction is in order between memberships by invitation and memberships by application. Designatory letters for class of membership must be provided where appropriate.) |
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| PRINCIPAL AREA(S) OF EXPERTISE: A major area of expertise should be identified and no more than two minor areas may be added. |
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| PRESENT POST(S) (This needs to be precise and up to date at the time of submission.) |
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| IF RETIRED, LAST POST(S) AND DATE(S) OF RETIREMENT |
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| SUMMARY OF CAREER IN CHRONOLOGICAL ORDER, INCLUDING HONORARY POSITIONS |
| Institution/Organization | Position(s) | Start/end dates |
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| FULL AND SUCCINCT CITATION OF PERSONAL ACHIEVEMENTS IN **MEDICINE** (Between 200-500 words)This must **highlight** the candidate’s ***personal excellence*** over her/his career. |
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| **LIST OF MAJOR PUBLICATIONS/ PATENTS (**up to a total of **ten**). Each publication must be accompanied with a single line of explanation indicating the **outstanding significance**. Highlight any **distinctions** or **best-paper awards** won for any of these. |
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**EXPERTS ASSOCIATED WITH THIS NOMINATION**

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| **PROPOSER –** Please attach letter of recommendation. Please highlight your own area of expertise within Medicine, in relation to the nominee’s scientific achievements. |

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| SURNAME/NAME |  |
| TITLE |  |
| AFFILIATION |  |
| Email |  |

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| **SECONDER –** Please attach letter of recommendation. Please highlight your own area of expertise within Medicine, in relation to the nominee’s scientific achievements. |

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| --- | --- |
| SURNAME/NAME |  |
| TITLE |  |
| AFFILIATION |  |
| Email |  |

The Proposer and Seconder are requested to identify other Experts with key and significant knowledge and expertise in **Medicine** who may be requested by the Foundation to provide support to the candidacy. No more than one of these experts may come from the candidate’s own institution/organization.

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| 1. | NAME/ SURNAME |  |
|  | TITLE |  |
|  | AFFILIATION |  |
|  | Email |  |

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| 2. | NAME/ SURNAME |  |
|  | TITLE |  |
|  | AFFILIATION |  |
|  | Email |  |

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| 3. | NAME/ SURNAME |  |
|  | TITLE |  |
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| 4. | NAME/ SURNAME |  |
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| 6. | NAME/ SURNAME |  |
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