



# MEFOMP AWARD NOMINATION FORM

## 2025 YOUNG SCIENTIST AWARD

### Nominee Details

First Name:	Surname:
Nominee's Work Address:	
Nominee's Phone Number:	
Nominee's Email Address:	
Nominating Authority (Medical Physics Society or Association in the country):	
President/Head of the Organization:	
Name: _____	Signature: _____

Completed form should be submitted via email no later than 17<sup>th</sup> of January 2026 to Dr. Mohammad Hassan Kharita at [mkharita@hamad.qa](mailto:mkharita@hamad.qa) with copying Mr. Mohamed Tahlak at [president@emps.ae](mailto:president@emps.ae)



## Criteria Award

- When making your nomination, please provide short statements describing how the nominee meets the following award criteria. If possible, provide examples to support the statements. *(Please limit response to space provided)*
- Please attach CV (maximum 2 pages only)

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