17DSBS Awards and Financial Aids Application Form

**Please put a “X” in the appropriate box (choose one only).**

[ ]  **Early Career Scientist Award**

[ ]  **Travel Award**

[ ]  **Financial Aid**

1. **Personal particulars (to be filled by the applicant)**

|  |  |
| --- | --- |
| Your full name*(First Name and Last Name)*  |  |
| Prefix  | Prof./Dr./Mr./Ms./Miss/Mrs. Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender  |  |
| Date of birth *(DD/MM/YY)*  |  |
| Which year did you or will you obtain your PhD. Degree? |  |
| Address |  |
| Contact phone number *(please include the country code)* |  |
| Email  |  |
| Webpage *(if any)* |  |
| Unique reference code*(you can locate the code in the 17DSBS registration notification email)* |  |
|  |  |

1. **Reason for your self-nomination (to be filled by the applicant)**

*Please briefly introduce yourself, including your academic background and research achievements. Please briefly describe how attending 17DSBS benefits your career development. (within 500 words)*

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|  |

1. **Declaration (to be filled by the applicant)**
* I declare that I have completed this application fully and truthfully.
* I agree that this application is invalid without my signature.

|  |  |
| --- | --- |
| (Signature) Name in Block:  | Date:  |

**D. Referee Details (to be filled by referee)**

|  |  |
| --- | --- |
| Referee full name *(First name and Last name)* |  |
| Prefix | Prof./Dr./Mr./Ms./Miss/Mrs. Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact phone number*(please include the country code)* |  |
| Email  |  |
| Webpage *(if any)* |  |
| Your relationship with the applicant |  |
| Justifications for supporting this application, e.g., what distinguishes his/her research contribution from the norm. *(within 200 words)*  |