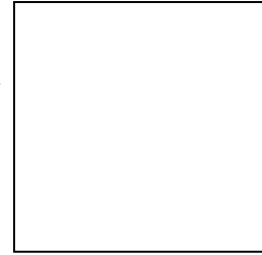


**NOMINATION FORM**

**MARSMAN PROFESSORIAL CHAIR IN PHARMACOLOGY**



**A. PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
( First Name) (Middle Name) (Surname)

Place and Date of Birth \_\_\_\_\_

Business Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone Numbers \_\_\_\_\_

**B. SCHOOLS ATTENDED**

Name of School	Degree Obtained	Year Graduated	Awards/honors If any
Elementary _____	_____	_____	_____
High School _____	_____	_____	_____
College _____	_____	_____	_____
Post Graduate _____	_____	_____	_____

**C. WORK EXPERIENCE**

Name of Office	Position	Year of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. ON-GOING RESEARCH PROJECTS**

TITLE	ROLE IN PROJECT	DATE STARTED	PRESENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**E. RESEARCH PROJECTS COMPLETED**

TITLE	ROLE IN PROJECT	DATE STARTED	DATE COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**F. PLEASE LIST SCIENTIFIC PUBLICATIONS, if any**

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(Please use additional sheets if necessary)