**HIDEYO NOGUCHI AFRICA PRIZE**

**NOMINATION FORM**

March 2024

Please check the appropriate category (you may not choose both categories).

\_\_\_\_ **Medical Research**

\_\_\_\_ **Medical Services**

***Nominee***

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Name Gender

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Areas of Nominee's Contribution (write 3-5 key words)

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Address

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Telephone Fax E-mail Address

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Nationality Date of Birth

***Nominator***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

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Telephone Fax E-mail Address

By submitting this form, I agree to the objective of usage of personal information stipulated in the nomination guidelines. 　　　　　　　　　　　　　　　　　　(P.T.O.)

**Please attach a brief statement regarding the following subjects. (See the Supplementary Documents Format (Sample))**

* Brief description of the nominee’s contributions in the area of medical research or medical services within the context of the Prize’s concept. (about 50 words)
* Brief biography including academic, administrative and/or research positions, awards and/or recognitions.
* Additional short introduction outlining how and why the research/activity of the nominee has contributed to the advancement and improvement of measures against infectious and other diseases prevalent in Africa, if any. (within 2 pages)
* Titles of publications that represent the nominee’s contributions.

(Please mark 4-5 of best publications among them if there are many.)

* Supporting letters by other specialists familiar with the nominee’s work. (up to 5 letters)