

3. Academic & Professional Qualifications *(in chronological order)*

Title of degree/ professional qualification	Course duration	Awarding institution	Year of award

4. Appointments [Past & Present] *(in chronological order)*

Dates (Month/Year)		Employing Institution	Position	Nature of duties (i.e. University teaching/ Clinical Service/ Hospital or Health Management/Research)
From	To			

4. Appointments [Past & Present] (in chronological order) [cont'd]

Dates (Month/Year)		Employing Institution	Position	Nature of duties (i.e. University teaching/ Clinical Service/ Hospital or Health Management/Research)
From	To			

5. Awards and Honours *(in chronological order)*

Title of award/honour	Awarding organization	Year of award

6. Research Grants obtained as Principal Investigator *(in chronological order)*

Project title	Awarding organization	Year of award

7. Supervision of Graduate Students and Postdoctoral Fellows (*in chronological order*)

Programme (e.g. MPhil/PhD/MMed)	Duration of supervision	As Principal Supervisor or Co- supervisor	Year of student's graduation

8. Your Current Research Theme/Interest (*e.g. Drug development for common cancers in Chinese; use of molecular genetics in the study of novel therapies for cancer; etc*)

9. Supporting Documents

Please attach the following documents:

- | | <u>Attached</u> | <u>To follow</u> |
|--|--------------------------|--------------------------|
| a. Details of your current research theme (<i>up to one A-4 page</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Publication list with order of authors, year of publication, name of journal, page numbers and language used (in Chinese/English) clearly indicated | | |
| Please indicate: | | |
| i. No. of journal paper(s): _____ in Chinese & _____ in English | | |
| ii. No. of abstracts/conference paper(s): _____ in Chinese & _____ in English | | |
| iii. No. of book chapter(s): _____ in Chinese & _____ in English | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A supporting letter from the President of your medical institution | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of the Nominee

Name in block letters

Date

