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*Recent Photo*

**NOMINATION FORM FOR FELLOWS, MASO**

|  |  |  |
| --- | --- | --- |
| Name | : |  |
| Address | : |  |
| Identification Card No | : |  |
| Citizenship | : |  |
| Education qualifications | : | 1) |
|  |  | 2) |
|  |  | 3) |
| Year of admission as a MASO member | : |  |
| MASO membership no | : |  |
| Current position | : |  |
| Working experience & previous posts held (with dates) | : | 1) |
|  |  | 2) |
|  |  | 3) |
|  |  | 4) |
|  |  | 5) |
| Positions held in MASO/ Professional societies (with dates) | : | 1) |
|  |  | 2) |
|  |  | 3) |
|  |  | 4) |
| Clinical service/ policy and advocacy experience | : |  |
| Other contributions to advancement of specialty | : |  |
| Publication in peer reviewed journals (numbers – please attach list five (5) most cited articles) | : |  |
| Signature of Applicant | : |  |

We certify that the applicant has been a member of good standing and we believe that he/she has satisfied the minimum criteria for conferment of FMASO

Proposer: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member since\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seconder: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member since\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed on:

**REMINDER**: Please submit a brief CV (no more than 5 pages) with this application to the MASO secretariat at [maso.obesity@gmail.com](mailto:maso.obesity@gmail.com)