**2024 MACB/MyBiomed YOUNG SCIENTIST AWARD**

*Online Form Application*

**A. PERSONAL DETAILS**

1. TITLE :
2. FULL NAME :
3. DATE OF BIRTH & AGE :
4. I.C NUMBER :
5. RACE :
6. RELIGION :
7. INSTITUTION / HOSPITAL ADDRESS :
8. CURRENT POSITION / AFFILIATION**:**
9. CONTACT NUMBER :
10. EMAIL :

**B. ACADEMIC QUALIFICATION**

**C. LIST OF RESEARCH PAPERS / PRESENTATION**

**D. DECLARATION OF APPLICANT**

I certify that the information and statements provided in this form are true and valid. I also understand that if there is false and untrue information, then this application will be void.

Signature : ………………………………………………………………………….

Name : ………………………………………………………………………….

Date : …………………………………………………………………………..

 **E.CERTIFICATION FROM INSTITUTION OF EMPLOYMENT**

To my signature below,i certify that all information provided by the applicant named above is true and correct to the best of my knowledge.

……………………………………………………………………

(Signature)

Name :

Position :

Date :

Official chop :

**All application must be submitted online to MACB at** <https://www.macb.org.my/abstract-submission-ysa-2024>  **by 1st May 2024**