



Academy of Asia-Pacific Professors of Ophthalmology (AAPPO)

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Academic Development Mentorship Scheme (ADMS)

NOMINATION FORM

1. Personal Particulars

Full Name

Gender Male Female

Date of Birth

Title Prof Dr Mr Ms Miss

Nationality

Qualification & Training

Institute

Position

Spoken Languages

Email

Address

2. Proposer Information

A. For AAPPO Fellows

Full Name

Email

B. For National Ophthalmological Societies

Name of Organization

Address

Name of Contact Person

Title Prof Dr Mr Ms Miss

Gender Male Female

Email

Cont'd

1. Write-up

In the space below, please provide a description of the nominee including his/her number of publication and H-index, and why he/she should be considered for the ADMS.

(The description should be limited to 500 words. A font of size 10 or larger must be used.)

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