APPLICATION FORM

Applicant's family name, first name, initials:

Professional title:			
E-mail address: Official telephone number (country Optional personal telephone number Official fax number (country and are Date of birth (YYYY-MM-DD):	er (country and area o	codes):	
Organization: Institute (if applicable): Division/Department: Street address: City, Postal code: Country:			
Name, affiliation, street and e-mail a pdf copy of the letter on official lette sponsor to YSASP-2024 Chair at zs	er head and duly sign	ed must be sent dire	
Name, affiliation, street and e-mail a (a pdf copy of the letter on official let the sponsor to YSASP-2024 Chair a	etter head and duly si	gned must be sent o	•
Title of the manuscript being submit	tted:		
Signature of the candidate	Place (city)	Date	
Attachments: (i) Application letter (ii) Birth certificate or official letter fr (iii) Curriculum vitae	om the Department I	lead certifying your	age,

(iv) A summary of achievements and expected continuing contributions to the field to

(v) Manuscript

(vi) Abstract for MTAA-16 conference

justify the award to the candidate