



มูลนิธิรางวัล  
สมเด็จพระศรีนครินทราบรมราชชนนี  
ในพระบรมราชูปถัมภ์  
Princess Srinagarindra Award Foundation  
under the Royal Patronage

Office : C/O Thailand Nursing and Midwifery Council,  
Nagarindrasri Building, Ministry of Public Health,  
Tiwanond Rd., Nonthaburi 11000 THAILAND  
Tel 0-2596-7580 Fax 0-2965-9264  
E-mail : psaf@tnc.or.th , psaf\_rp@hotmail.com  
<http://www.princess-srinagarindraaward.org>

“เป็นองค์การหรือสถานสาธารณกุศล ลำดับที่ 652 ของประกาศกระทรวงการคลังฯ”

PSAF. 393 / 2025

Ambassador of the Kingdom of Bahrain to Thailand  
The Embassy of the Kingdom of Bahrain  
141/45-46, Skulthai Surawong Tower, 30th Fl.,  
North Surawong Rd., Suriyawong,  
Bangrak, Bangkok 10500

March 4<sup>th</sup>, 2025

Your Excellency,

On behalf of the Princess Srinagarindra Award Foundation under the Royal Patronage (PSAF) I would like to request your kind assistance to convey the information regarding the Princess Srinagarindra Award (PSA) for the year 2025 to the national nursing and/or midwifery authorities/organizations in your country to nominate the qualify person (s) for considering the PSA awardee for 2025.

May I take this opportunity to provide more information about the PSA as follow:-

The Princess Srinagarindra Award under the Princess Srinagarindra Award Foundation was established in commemoration of the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol of Thailand on 21<sup>st</sup> October, 2000. The Award, is conferred as an international award for distinguished individual registered nurse and/or registered midwife or on a group of registered nurses and/or registered midwives, in recognition of the exemplary contribution of Her Royal Highness Princess Sringarindra Mahidol towards progress and advancement in the fields of Nursing, Midwifery and Social Services.

An individual registered nurse and/or registered midwife or group of registered nurses and/or registered midwives, can be nominated by national nursing authorities or organization by individual or group of individuals, as candidate for the Award. Any one individual or group of individuals may sponsor only one nomination. The same person may be re-nominated.

Therefore, your country is invited to nominate a registered nurse and/or registered midwife or group of registered nurses and/or group of registered midwives from your country who have made a significant contribution for the development of the nursing and/or midwifery profession

Enclosed please find nomination forms and related information. Please note that the nomination **must be in English, typed and submitted by May 31<sup>st</sup>, 2025.**

We are looking forward to your country's nomination for the 2025 Princess Srinagarindra Award.

Sincerely yours,



Dr. Tassana Boontong, RN., R.M. Ed.D., Ph.D. (Hon.)  
Secretary-General, The Trustee of the Princess Srinagarindra Award Foundation  
under the Royal Patronage  
Nagarindrasri Building, C/O Ministry of Public Health  
Tiwanond Road, Amphur Muang, Nonthaburi 11000 THAILAND  
Tel, (662) 596-7580  
Fax: (662) 965 9264, (662) 589-7121

**For more information :-**

Please contact Princess Srinagarindra Award Foundation

<http://www.princess-srinagarindraaward.org>

E-mail: [psaf.rp@gmail.com](mailto:psaf.rp@gmail.com)

# *The Princess Srinagarindra Award*

## **Statute**

### **Regulating the Princess Srinagarindra Award**



#### **Article I**

##### **General Provisions**

The Princess Srinagarindra Award, to be conferred as an international award on an individual registered nurse and/or registered midwife or on a group of registered nurses and/or registered midwives is established in honor of Her Royal Highness Princess Srinagarindra Mahidol and in recognition of her exemplary contribution towards progress and advancement in the fields of Nursing, Midwifery and Social Services.

The Award shall be administered by, and under the auspices of the Princess Srinagarindra Award Foundation.

Guidelines for the administration of the Award, including the selection of awardees, are laid down in the following articles.

#### **Article II**

##### **The Foundation**

The Princess Srinagarindra Award Foundation is a private foundation duly constituted, chartered and registered under the Thai law with the avowed primary purpose of conferring the Princess Srinagarindra Award on an individual nurse or midwife or on a group of registered nurses and/or registered midwives for outstanding performance and/or research in the field of nursing for the benefit of mankind and for the wellbeing of the people.

The Foundation was established in commemoration of the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol on 21<sup>st</sup> October, 2000.

# *The Princess Srinagarindra Award*

## **Article III The Award**

The Award shall consist of a Shield, a Certificate and a sum of money as the prize.

In accordance with Article II above, the Award will normally be conferred each year on an individual nurse and/or midwife or on a group of registered nurses and/or registered midwives for excellence in the field of nursing and/or midwifery.

The Prize money shall be for the sum of US\$ 30,000 to be derived from income arising out of the endowments of the Foundation.

The selection of recipients of the Award shall be in accordance with the provision of Article IV.

## **Article IV The International Award Committee**

There shall be the International Award Committee consisting of a number of world – renowned experts in the field of Nursing, who shall recommend name(s) of proposed awardees to the Board of Trustees of the Foundation for final approval.

The Committee may adopt its own procedures and shall be assisted by a panel of Scientific Advisors.

## **Article V Nomination and the Nominee**

An individual registered nurse and/or registered midwife or a group of registered nurses and/or registered midwives may be nominated by national nursing authorities or by an individual or group of individuals in nongovernmental capacities, as candidates for the Award. Any one individual or group of individuals may sponsor only one nomination.

## *The Princess Srinagarindra Award*

The nominee must:

1. Hold the qualification of Registered Nurse and/ or Registered Midwife and be authorized to practice as a nurse or midwife in her/his own country;
2. Be a citizen in the country of the world.
3. Have made a significant contribution, through direct care, research, education or management, within the nursing and/or midwifery profession and/or for the development of the nursing and/or midwifery profession, health system and/or people's health.
4. Have made the contribution(s) during the years immediately preceding the award or as a cumulative effort that continues to the present time.

### **Article VI Screening**

The nomination shall be transmitted by the Secretary – General of the Princess Srinagarindra Award Foundation to the Chairperson of the panel of Scientific Advisors for initial screening. The nomination forms shall, after having been initially screened, be forwarded to the International Award Committee which shall consider them and make recommendations to the Board of Trustees of the Foundation for its final approval.

### **Article VII Administration**

The Award shall be administered by the Secretary-General of the Foundation who shall be responsible for:

1. Execution of the decisions concerning the administration of the Foundation within the scope of the charter of the Foundation and as decided by the Board of Trustees.

2. Execution of the decision taken by the International Award Committee and approved by the Board of Trustees.

# *The Princess Srinagarindra Award*

## **Article VIII Revision of the Statute**

Revision of the present Statute may be made by the Board of Trustees, based on the motion of its members or on the recommendation of the International Award Committee approved or amended by the Board.

# The Princess Srinagarindra Award

## INFORMATION & NOMINATION FORMS

The Princess Srinagarindra Award Foundation was established on 21<sup>st</sup> October 2000 in commemoration of the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol.

The Princess Srinagarindra Award, an international award for an individual or group of registered nurses and/or registered midwives, was established in honor of Her Royal Highness Princess Srinagarindra Mahidol and in recognition of her exemplary contribution towards progress and advancement in the field of Nursing, Midwifery and Social Services.

### ELIGIBILITY CRITERIA

1. Hold the qualification of Registered Nurse and/ or Registered Midwife of any country in the world;
2. Be authorized to practice as a nurse or midwife in her/his own country or to have otherwise retired or resigned in good standing;
3. Have made a significant contribution, through direct care, research, education or management, within the nursing and/or midwifery profession and/or for the development of the nursing and/or midwifery profession, health system and/or people's health; and
4. Have made the contribution(s) during the years immediately preceding the award or as a cumulative effort that continues to the present time.

### INFORMATION

- a) The nomination form is available for an individual or a group nomination at the website <http://www.princess-srinagarindraaward.org>
- b) The nomination must be **typed in English**, and submitted as an original document, with original signatures in all places specified.
- c) The nomination must be submitted by individual(s) or organization(s), referred to herein as sponsor(s). The nominee cannot be a sponsor.
- d) The National Nurses Association, The National Nursing Council and/or The Department of Nursing, Ministry of Health may be the sponsor.

## *The Princess Srinagarindra Award*

- e) The National Nurses Association, The National Nursing Council and The Department of Nursing, Ministry of Health should be aware of and support or have no objection to the nomination.
- f) The name of the nominee(s) must be submitted to the nominee's National/State Nursing Council (NNC) or National/State Regulatory Authority (NRA) for certification (Part VI).
- g) A Curriculum Vitae of the nominee(s) should be attached to the form.  
Please see Annex 1.
- h) Each Country must nominate only **ONE person** or **ONE group** for the Award.

**The nomination form and related document(s) must be typed in English and submitted to the Princess Srinagarindra Award Foundation no later than 31<sup>st</sup> May 2025.** The nomination forms and related documents can be sent in advance by email.

Dr. Tassana Boontong, RN., R.M. Ed.D., Ph.D. (Hon.)  
Secretary-General, The Trustee of the Princess Srinagarindra Award Foundation  
under the Royal Patronage,

**The Office of Princess Srinagarindra Award Foundation**

E-mail: [psaf.rp@gmail.com](mailto:psaf.rp@gmail.com)

Tel: (662) 596-7580 Fax: (662) 965 9264, (662) 589-7121

Mailing address :

Princess Srinagarindra Award Foundation

C/O Thailand Nursing and Midwifery Council,

Nagarindrasri Building, 3<sup>rd</sup> Floor, Ministry of Public Health

Tiwanond Road, Amphur Muang, Nonthaburi 11000, THAILAND



# The Princess Srinagarindra Award

## NOMINATION FORM for THE INDIVIDUAL

Attach a recent  
Photograph of the  
nominee(s) with  
name on the back

### PART I: SPONSOR INFORMATION

I/We hereby nominate the following person for the Princess Srinagarindra Award 2025

\_\_\_\_\_  
*(Typed name of nominee)*

Please check one:  individual sponsor or  organization sponsor

\_\_\_\_\_  
*(Name of sponsor)*

Relationship of the sponsor to the nominee: \_\_\_\_\_

Address of sponsor: \_\_\_\_\_  
*(No.) (Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State/Province/County)*

\_\_\_\_\_  
*(Post Code)*

\_\_\_\_\_  
*(Country)*

Phone number:

Fax number:

\_\_\_\_\_  
*(Country Code/Area Code/Number)*

\_\_\_\_\_  
*(Country Code/Area Code/Number)*

Website:

Email address:

Signature of individual sponsor or authorized representative of organizational sponsor:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Typed name)*

\_\_\_\_\_  
*(Typed title)*

# The Princess Srinagarindra Award

## PART II: NOMINEE PROFILE

### A. Nominee's Personal Data

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Family Name)

Preferred title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Official Language: \_\_\_\_\_  
(Month/Day/Year)

Home Address: \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_  
(City) (State/Province/Country)

\_\_\_\_\_  
(Post Code) (Country)

### Mailing address if different from home address:

\_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_  
(City) (State/Province/Country)

\_\_\_\_\_  
(Post Code) (Country)

### Home Phone:

\_\_\_\_\_  
(Country Code/Area Code/Number)

### Home/office Fax:

\_\_\_\_\_  
(Country Code/Area Code/Number)

### Mobile phone:

\_\_\_\_\_

### Email address:

\_\_\_\_\_

### B. Nominee's Employment (if applicable):

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_  
(City) (State/Province/Country)

\_\_\_\_\_  
(Post Code) (Country)

### Office Phone:

\_\_\_\_\_  
(Country Code/Area Code/Number)

### Fax:

\_\_\_\_\_  
(Country Code/Area Code/Number)

# *The Princess Srinagarindra Award*

## **PART III: SPONSOR STATEMENT**

To be completed by the SPONSOR (individual or organization)

Name: \_\_\_\_\_  
*(Individual or organization making the nomination)*

In your view, please comment briefly on the reason for the nomination, including the nominee work or contribution to the work outcomes and the significant impact of the work for the development of the nursing and/or midwifery profession and improvement of the quality of life and health of the people. **One** additional page may be added.

Signature of individual sponsor or authorized representative of the organizational sponsor  
**(This must be the same person who signed in Part I):**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# *The Princess Srinagarindra Award*

## **PART IV: INDIVIDUAL NOMINEE STATEMENT**

State in concise terms on the significant contribution or impact you have made, within the nursing and/or midwifery profession, and/or for the development of the nursing and or midwifery profession and quality of life and health of the people and the reasons for doing the work. **One** additional page can be added.

Please complete your Curriculum Vitae in Annex 1 as well.

I hereby consent to have my nomination submitted for the Princess Srinagarindra Award

\_\_\_\_\_  
*Nominee's Signature*

\_\_\_\_\_  
*Date*

# *The Princess Srinagarindra Award*

## **PATR V: OTHER ENTITIES AWARE OF/ SUPPORT OR HAVE NO OBJECTION TO THE NOMINATION**

To be completed by the National Nursing/Midwifery Officer, President of the Nursing/Midwifery Council or President of the Nurses' or Midwives' National Association. It must be signed by at least **two organizations** other than the nominating one, where these exist.

I have been informed about the nomination of \_\_\_\_\_  
(Nominee's name)

by \_\_\_\_\_  
(Name individual or organization sponsoring the nomination)

to receive the Princess Srinagarindra Award and have no objection.

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Name (print) \_\_\_\_\_  
*(National Nursing/Midwifery Officer)*

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_  
*(President of Nursing/Midwifery Council)*

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

Name (print) \_\_\_\_\_  
*(President of Nurses' or Midwives' Association)*

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

# *The Princess Srinagarindra Award*

## **PART VI: CERTIFIED STATEMENT**

The nominee must be certified by National/State/Provincial Nursing Council (NNC) or National/State/Provincial Regulation Authority (NRA) where the nominee registered to practice.

Name of the National/State/Provincial Council or National/State/Provincial Regulation Authority

\_\_\_\_\_

Address \_\_\_\_\_  
*(No.)*

\_\_\_\_\_ *(Street)*

\_\_\_\_\_ *(City)*

\_\_\_\_\_ *(State/Province/Country)*

\_\_\_\_\_ *(Post Code)*

\_\_\_\_\_ *(Country)*

Phone number:

Fax number:

\_\_\_\_\_ *(Country Code/Area Code/Number)*

\_\_\_\_\_ *(Country Code/Area Code/Number)*

Website:

Email address:

\_\_\_\_\_

\_\_\_\_\_

We hereby certify that \_\_\_\_\_  
*(Name of nominee)*

is a Registered Nurse and/or Registered Midwife and **a current member of our NNC or NRA or is retired or has resigned with good performance record.**

Signature of the President, Executive Director, or other duty authorized representative of the NNC or NRA.

\_\_\_\_\_ *Signature*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *(Typed name)*

\_\_\_\_\_ *(Typed title)*

**All parts of the form must be typed in English and signed where indicated,**

# The Princess Srinagarindra Award

## INFORMATION & NOMINATION FORMS

The Princess Srinagarindra Award Foundation was established on 21<sup>st</sup> October 2000 in commemoration of the Centenary Birthday Anniversary of Her Royal Highness Princess Srinagarindra Mahidol.

The Princess Srinagarindra Award, an international award for an individual or group of registered nurses and/or registered midwives, was established in honor of Her Royal Highness Princess Srinagarindra Mahidol and in recognition of her exemplary contribution towards progress and advancement in the field of Nursing, Midwifery and Social Services.

### ELIGIBILITY CRITERIA

1. Hold the qualification of Registered Nurse and/ or Registered Midwife of any country in the world;
2. Be authorized to practice as a nurse or midwife in her/his own country or to have otherwise retired or resigned in good standing;
3. Have made a significant contribution, through direct care, research, education or management, within the nursing and/or midwifery profession and/or for the development of the nursing and/or midwifery profession, health system and/or people's health; and
4. Have made the contribution(s) during the years immediately preceding the award or as a cumulative effort that continues to the present time.

### INFORMATION

- a) The nomination form is available for an individual or a group nomination at the website <http://www.princess-srinagarindraaward.org>.
- b) The nomination must be **typed in English**, and submitted as an original document, with original signatures in all places specified.
- c) The nomination must be submitted by individual(s) or organization(s), referred to herein as sponsor(s). The nominee cannot be a sponsor.
- d) The National Nurses Association, The National Nursing Council and/or The Department of Nursing, Ministry of Health may be the sponsor.

## *The Princess Srinagarindra Award*

- e) The National Nurses Association, The National Nursing Council and The Department of Nursing, Ministry of Health should be aware of and support or have no objection to the nomination.
- f) The name of the nominee(s) must be submitted to the nominee's National/State Nursing Council (NNC) or National/State Regulatory Authority (NRA) for certification (Part VI).
- g) A Curriculum Vitae of the nominee(s) should be attached to the form.  
Please see Annex 1.
- h) Each Country must nominate only **ONE person** or **ONE group** for the Award.

**The nomination form and related document(s) must be typed in English and submitted to the Princess Srinagarindra Award Foundation no later than 31<sup>st</sup> May 2025.** The nomination forms and related documents can be sent in advance by email.

Dr. Tassana Boontong, RN., R.M. Ed.D., Ph.D. (Hon.)  
Secretary-General, The Trustee of the Princess Srinagarindra Award Foundation  
under the Royal Patronage,

**The Office of Princess Srinagarindra Award Foundation**

E-mail: [psaf.rp@gmail.com](mailto:psaf.rp@gmail.com)

Tel: (662) 596-7580 Fax: (662) 965 9264, (662) 589-7121

Mailing address :

Princess Srinagarindra Award Foundation

C/O Thailand Nursing and Midwifery Council,

Nagarindrasri Building, 3<sup>rd</sup> Floor, Ministry of Public Health

Tiwanond Road, Amphur Muang, Nonthaburi 11000, THAILAND



# *The Princess Srinagarindra Award*

## THE NOMINATION FORM for A GROUP

A group is 2 – 4 nurses/midwives who share the same aim and work together in order to achieve outcome(s) and must demonstrate the impact of their work (with reference to the criteria of this award).

I/We hereby nominate the following persons who work as a group for the Princess Srinagarindra Award 2025

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please check one:  individual sponsor or  organizational sponsor

\_\_\_\_\_  
*(Name of sponsor)*

Relationship of sponsor to the nominees:

Nominee 1: \_\_\_\_\_

Nominee 2: \_\_\_\_\_

Nominee 3: \_\_\_\_\_

Nominee 4: \_\_\_\_\_

Address of sponsor: \_\_\_\_\_  
*(No.) (Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State/Province/County)*

\_\_\_\_\_  
*(Post Code)*

\_\_\_\_\_  
*(Country)*

Phone number:

Fax number:

\_\_\_\_\_  
*(Country Code/Area Code/Number)*

\_\_\_\_\_  
*(Country Code/Area Code/Number)*

Website:

Email address:

Signature of individual sponsor or authorized representative of organizational sponsor:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(Typed name)*

\_\_\_\_\_  
*(Typed title)*

# The Princess Srinagarindra Award

## PART II: INDIVIDUAL PROFILE

Attach a recent  
Photograph of the  
nominee(s) with  
name on the back

For a Group Nomination, a separate profile (PART II) and curriculum vitae (Annex 1) of EACH MEMBER OF THE GROUP must be completed.

### A. Nominee's Personal Data

Name: \_\_\_\_\_  
(First Name) (Middle Name) (Family Name)

Preferred title:  Mr.  Mrs.  Ms.  Miss  Dr.  Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Official Language: \_\_\_\_\_  
(Month/Day/Year)

Home Address: \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_ (City) (State/Province/Country)

\_\_\_\_\_ (Post Code) (Country)

### Mailing address if different from home address:

\_\_\_\_\_ (No.) (Street)

\_\_\_\_\_ (City) (State/Province/Country)

\_\_\_\_\_ (Post Code) (Country)

Home Phone: \_\_\_\_\_ Home/office Fax: \_\_\_\_\_  
(Country Code/Area Code/Number) (Country Code/Area Code/Number)

Mobile phone: \_\_\_\_\_ Email address: \_\_\_\_\_

### B. Nominee's Employment (if applicable):

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
(No.) (Street)

\_\_\_\_\_ (City) (State/Province/Country)

\_\_\_\_\_ (Post Code) (Country)

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Country Code/Area Code/Number) (Country Code/Area Code/Number)

# *The Princess Srinagarindra Award*

## **PART III: SPONSOR STATEMENT**

To be completed by the individual or organization making the nomination

Name: \_\_\_\_\_  
*(Individual or organization making the nomination)*

In your view, please comment briefly on the reason for the nomination including the significant, outcomes and impact of the group's work on the development of the nursing and/or midwifery profession and improvement of the quality of life and health of the people. Please address only the work done as a group and the role/contribution of each nominee for the achievement **NOT** the work of each individual. **One** additional page may be added.

Signature of individual sponsor or authorized representative of the organizational sponsor  
**(this must be the same person who signed in Part I):**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# *The Princess Srinagarindra Award*

## **PART IV: GROUP NOMINEE STATEMENT**

State in concise terms the significant contribution or impact your group has made, within the nursing and/or midwifery profession, and/or for the development of the nursing and or midwifery profession and quality of life and health of the people. Please describe only the work of your group that is nominated for this Award. **One** additional page can be added.

I/We hereby consent to have my/our nomination submitted for the Princess Srinagarindra Award

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

# *Princess Srinagarindra Award*

## **PATR V: OTHER ENTITIES AWARE OF/ SUPPORT OR HAVE NO OBJECTION TO THE NOMINATION**

To be completed by the National Nursing/Midwifery Office, President of the Nursing/Midwifery Council or President of the Nurses' or Midwives' National Association (It must be signed by two organizations other than the nominating one, where these exist).

Please note that for a group nomination, an attestation must be made for each of the individual in the group.

I have been informed about the nomination of \_\_\_\_\_  
(Nominee's name)

by \_\_\_\_\_  
(Name individual or organization sponsoring the nomination)

to receive the Princess Srinagarindra Award and have no objection.

\_\_\_\_\_  
Name (print) \_\_\_\_\_  
(National Nursing/Midwifery Officer)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Name (print) \_\_\_\_\_  
(President of Nursing/Midwifery Council)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Name (print) \_\_\_\_\_  
(President of Nurses' or Midwives' Association)

(Signature) \_\_\_\_\_

Date \_\_\_\_\_

# *The Princess Srinagarindra Award*

## **PART VI: CERTIFIED STATEMENT**

The application must be certified by National/State/Provincial Nursing Council (NNC) or National/State/Provincial Regulation Authority (NRA) who registered the nominee.

Please note that for a group nomination, an attestation must be made for each of the individuals in the group.

Name of the National/State/Provincial Council or National/State/Provincial Regulation Authority

\_\_\_\_\_

Address \_\_\_\_\_  
*(No.)* *(Street)*

\_\_\_\_\_ *(City)* \_\_\_\_\_ *(State/Province/Country)*

\_\_\_\_\_ *(Post Code)* \_\_\_\_\_ *(Country)*

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_  
*(Country Code/Area Code/Number)* *(Country Code/Area Code/Number)*

Website: \_\_\_\_\_ Email address: \_\_\_\_\_  
\_\_\_\_\_

We hereby certify that \_\_\_\_\_  
*(Name of nominee)*

is a Registered Nurse and/or Registered Midwife and a **current member of our NNC or NRA or is retired or has resigned with good performance record.**

Signature of the President, Executive Director, or other duty authorized representative of the NNC or NRA.

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*

\_\_\_\_\_ *(Typed name)* \_\_\_\_\_ *(Typed title)*

All part of these forms must be completed in English, in full, signed where indicated.

*The Princess Srinagarindra Award*

**CURRICULUM VITAE**

**A. Full name of the nominee** (in capital letters) as it appears in your passport or on your birth certificate.

Name : \_\_\_\_\_  
*(First Name)* *(Middle Name)* *(Family Name)*

**B. Educational background:** identify year education from of graduation, diploma(s)/degree(s), school/university, country. Please start with nursing and/or midwifery lowest to highest qualification.

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**C. Working experience:** identify year, position, place of work. Please start from the current or latest work.

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## *The Princess Srinagarindra Award*

### **D. Administrative position (if any), years in the position, name of workplace**

Years	Position	Workplace

### **E. Awards:** The year you received the award, name of the award, the award recognition (on what achievements), and organization giving the award.

Year	Name of the Award/recognition	In recognition of	Organization



***The Princess Srinagarindra Award***

**F. Research publication: List not more than 10 key research reports or publications.**  
**A research report:** identify name of author, year, title, place of printing, country.  
**An article:** identify name of researcher, year of published, title of the article, name of the journal, journal number and pages.

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**G. Book publication:** authors, year of publication, title of the book, city where the book was printed, name of printing company. (list not more than 5 key books)

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All part of these forms must be completed in full, signed where indicated,  
and returned to Princess Srinagarindra Award Foundation  
**to arrive no later than May 31.**  
Princess Srinagarindra Award Foundation (PSAF)  
Nagarindharasri Building,  
C/O Thailand Nursing and Midwifery Council C/O Ministry of Public Health  
Tiwanon Road, Amphur Muang, Nonthaburi 11000,  
THAILAND.