**IUCr Young Scientist Award**

**Application Form**

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| --- | --- | --- | --- |
| Name |  | Age |  |
| Gender | □ M □ F | Date of Birth | (dd/mm/yyyy) |
| Affiliation |  |
| Affiliation Country |  | Nationality |  |
| Position | □ MS student, □ PhD student , □ Post-doctoral fellow |
| Address |  |
| Email |  | Phone |  |
| Recommendation letter from | Name |  | E-mail |  |
| Affiliation |  |
| Abstract | Submission receipt No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Abstract title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Significance of your submitted abstract with less than 150 words |  |
| Have you ever published in IUCr Journals? | □ No □ Yes (Please list 3 publications at most.)  |
|  | 1. |
|  | 2. |
|  | 3. |