



The Second Research Excellence Award Application for Dr. Suliman Al Habib Medical Journal

Mandatory Information

Author(s) Name	
Contact Information	Phone number: E-mail:
Study Title	
Accepted manuscript number in Dr. Suliman Al Habib Medical Journal	
DOI	
Applying For (Refer to the Award details)	First/Second/ Third Award (original Research) <input type="checkbox"/> Fourth Award <input type="checkbox"/> Fifth Award <input type="checkbox"/> Sixth Award <input type="checkbox"/>



Fifth Award – Mandatory Information

Author(s) Name	
Affiliated University	
Specialty	
Student ID	
Degree	Undergrad <input type="checkbox"/> Postgrad <input type="checkbox"/>
Nationality	
University Address	

Note: Please attach a student certificate letter (for first and all authors).

Sixth Award – Mandatory information

Author(s) Name	
Saudi Commission for Health Specialties Trainee number	
Specialty	
Training Center	



Award Procedures and Conditions.

- The award is presented for the best researches published in Dr. Sulaiman Al Habib Medical Journal. In order to apply to the Award this application must be completed and sent to: Excellence.Award@drsulaimanahabib.com.
- This Application must be submitted only by the principle investigator or the corresponding author of the accepted manuscript at HMJ.
 - All researches which are published within the same year of launching the award will be considered for it.
 - Each Principle Investigator (PI) or corresponding another can apply for only one award from the below mentioned categories.
 - The articles must address an aspect of national and international medical research priorities.
 - It is not possible for any of the award's personnel to participate in the competition of any of the award's categories.
 - It is not possible for the principal investigator to be nominated for two of the award categories in the same year.

Consent and Disclaimer

We acknowledge and confirm that Dr. Sulaiman Al Habib Medical Group disclaims their responsibility from any financial obligations or/and legal claims or/and consequences after handing-over and receiving the award by our official representative.



In Witness Whereof, this “Consent and Disclaimer” form has been signed into on the date and at the place aforementioned:

Author(s) Name	ID No.	Signature	e-mail	Phone number
Representative Name	ID No.	Signature		

Representative section only:

I'm applying on the behalf of the research team of the accepted manuscript published at HMJ.

I acknowledge reading and accepting the Award procedures and conditions

Name:

Signature: