



नेपाल सरकार

स्वास्थ्य तथा जनसङ्ख्या मन्त्रालय  
आन्तरिक प्रशासन शाखा

४२२३५८०

४२६२६९६

४२६९७३६

प.सं. ०७९/८०

च.नं. ६६९

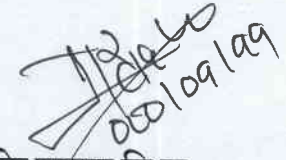
रामशाहपथ, काठमाडौं

मिति: २०८०/०९/११

**विषय: The Princess Srinagarindra Award (PSA) 2023 का लागि निवेदन आव्हान सम्बन्धमा।**

प्रस्तुत विषयमा परराष्ट्र मन्त्रालयको च.नं. SEAP/६७१६, मिति २०७९/१२/१६ को पत्रानुसार थाइल्याण्डको Princess Srinagarindra Award Foundation ले एक जना वा एउटा समूहलाई प्रदान गर्ने The Princess Srinagarindra Award (PSA) 2023 का लागि नेपालको नर्सिङ क्षेत्रमा उल्लेख्य योगदान पुऱ्याएका व्यक्ति तथा संस्थाले सात (७) दिनभित्र तोकिएको संलग्न ढाँचामा यस मन्त्रालयको आन्तरिक प्रशासन शाखामा निवेदन दिनुहुन यस मन्त्रालयको निर्णयानुसार अनुरोध छ।

नोट: थप जानकारी <http://www.princess-srinagarindraaward.org> मा पाउन सकिन्छ।

  
शेर बहादुर वि.क.  
शाखा अधिकृत

## *The Princess Srinagarindra Award*

# 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 2023.** 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 :

Thailand Nursing and Midwifery Council

Nagarindrasri Building, 3<sup>rd</sup> Floor, C/O 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 2023

\_\_\_\_\_  
(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.

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

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

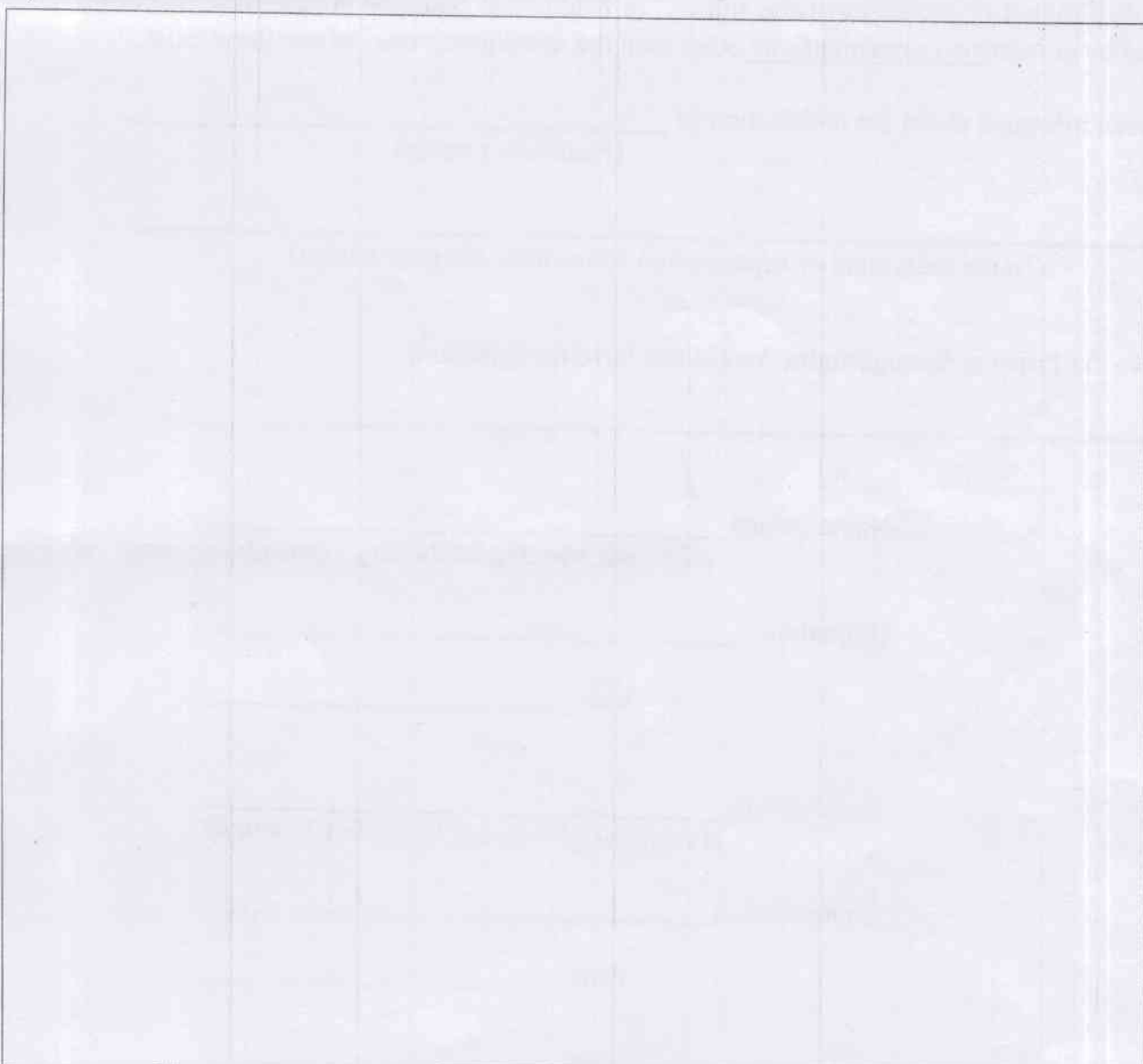
\_\_\_\_\_ *Date*

# *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

## 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 2022

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

# The Princess Srinagarindra Award

## PART II: INDIVIDUAL PROFILE

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

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

### 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: \_\_\_\_\_

## *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.

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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.

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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 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 Annex 1: the CV document

*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*

**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.