

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Ministry of Higher Education &
Scientific Research
Research & Development Office



وزارة التعليم العالي والبحث العلمي
دائرة البحث والتطوير

Personal photo

Form No.7002

**Nomination Form for Ph. D. Candidate/ Twinning
Program/Supervisor**

1.	Full Name		
2.	University attributed to		
3.	College		
4.	Department		
5.	Place/ Date of Birth		
6.	Date of the First appointment		
7.	Actual years of service		
8.	Actual years of service Outside Higher Education		
9.	Passport No.		
10.	Name as written in the Passport		
11.	Name of Hosting University		
12.	The University where he/she is working at	General Major	
		Specific Major	
13.	Academic Title		
14.	Current Position		

15.	No. of Published Articles (Inside and Outside Iraq)	
16.	No. of Books Published in the field of specialization	
17.	No. of Books Translated in the Field of Specialization	
18.	No. of awarded Patents	

19.	Pledge	
I hereby assume responsibility for the verification of the above mentioned information otherwise I hold myself responsible for all the legal consequences and therefore I signed up.		
Name		
Signature		

20.	Contact Information	
Land line		
Cell Phone		
Email		

Authentication of the Head of the Department on the Suggested Twinning Program	

Authentication of the Dean	

Authentication of the Committee	

Seal of Office/ College	