## **Host Institution Application Form**

To be completed by the Host Institution (not in the USA or Canada) to request an Exchange Scientist,

or by the Exchange Scientist when the visit has already been arranged.

Part I							
		: <u>South Asia (</u> dopur, Thana St			•		
Name of Cont	act Person:	Prof. Hasin	Anupama A	Azhari_	_ Title:	<u>PhD</u>	
Telephone: Co	ountry code: _	_ <u>+88</u> City co	de:Nur	nber(s): _		0171184106	53
FAX:	<u>N</u>	<u> </u>	email:	<u>ah</u>	nasinanuı	oama@gmail	.com_
Please briefly	describe the a	ctivities you wou	ld like the Exc	change So	cientist to p	participate in:	
where the inwell-known cancer man established  However, S  Training for Medical Ph	s of cancer of to the globacidence of fact indicate agement as a centers equipart of the content	control such bal context, a new cases is ates that this well as to dev pped with mo	as prevention bout 24.599 10.23 % and region of relop qualification technology. Medical Id Radiothe	on, early by conditions by conditions by conditions conditions conditions by conditions	y detecti ations ar orden of or rld requi power for machines	on, diagnosis re present in cancer death ires improvir or cancer trea s. diotherapy, n.	in all four ke s and treatment South Asia are is 68.85%. Thing strategies in the to run the
Qua		ange Scientis hnology in Ra		•		_	ar medicine
	you want the s diation Onc edical Physic	cientist to visit a ologists Apri cists in radiot	nd for how lon each year herapy Mar	g: _3-5 D ch April	ays Sche	dule as follows	
The title of the schedule.	•		<i></i>			•	nforementione
Please c	ontact Prof.	Dr. HasinAn	upamaAzha	ri by e-	mail if a	nyone interes	sted to help

## AAPM Exchange Scientist Program

## Part II

If you have al part III:	ready made arrangem	nents with the scientist,	please complete the following, otherwise go	to
Name of Scie	entist:			
Address:				
Telephone nu	ımber:			_
Part III				
Exchange Sc the Host Inst directly betwee withoutany f assume liabi the result of	ientist will be found wi titution and/or the Ex een the requesting Ho financial support fro ility for any damage activity(ies) associa	thin the time frame rec change Scientist. All st Institution and the E m the AAPM. Neithe sustained by the Exc ted with this exchange	on-funded program. There is no guarantee the nuested. All expenses are provided or obtained financial arrangements, if any, are to be rexchange Scientist. Activities will be carried the AAPM, its members, nor its officers change Scientist and/or the host institution e program.	ed by made d out s will on as
Please print r	name:	Dr. Hasi	nAnupamaAzhari	_
Title:	<u>PhD</u>	Date:	15 <sup>th</sup> December 2018	
Please send t	the completed form by	regular mail, or fax to		
c/o AAPM 1631 Princ	ee Street a, VA 22314	change Scientist I	Program Subcommittee.	
or by emai	l to The Chair of	the AAPM Excha	nge Scientist Program Subcommit	tee.
Sunset (	date is Dece	mber 31, 2022	unless extended by ESPS	Chair