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| --- |
| **Personal Information** |
| (1 x 1 Pic ture) | Name: |  |
| Date of Birth: |  |
| Address: |  |
| Contact Number: |  |
| **Educational Background** |
| Post Graduate Degree:  |  |
| Graduate Degree: |  |
| Bachelor’s Degree: |  |
| Other Qualifications and Specializations: |  |
| **IRB Membership Record** |
| Position: |  | Term of Office: |  |
| Date of Appointment: |  | End of Term: |  |
| **Research Ethics Trainings** |
| ***Title of Trainings*** | ***Date*** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Work Experiences** |
| ***Company/Institution*** | ***Position*** | ***Year*** |
|  |  |  |
| **Name and Signature of Member** |
| **< write Full Name herein/Date>** |
|  |