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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>** | | | | | |
|  | | | | | |