

قالب پیشنهادی رزومه نامزدهای عضویت در هیات مدیره انجمن علمی  
(بخش های قرمز رنگ تکمیل شود)  
در خاتمه فایل در ساختار PDF آماده شود

**[NAME, Family Name] M.D.**

**Speciality**

**Address**

**City, Province**

**Postal Code**

**Telephone: Number / e-mail: address**

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### **EDUCATION**

Start/End Date                      NAME OF INSTITUTION, City, State/Province  
**Undergraduate Program**

Start/End Date                      NAME OF INSTITUTION, City, State/Province  
**M.D.**

### **POST GRADUATE TRAINING**

Start/End Date                      NAME OF INSTITUTION, City, State/Province  
**Title (Intern / Fellow) Area of Specialty**  
**Report to Dr. Who**

Start/End Date                      NAME OF INSTITUTION, City, State/Province  
**Title (Intern / Fellow) Area of Specialty**  
**Report to Dr. Who**

### **POST DOCTORAL WORK**

Start Date - End Date              NAME OF INSTITUTION (FACULTY), City, Province or State  
(Month/Year)                              **Title, Area of Specialty**

Start Date - End Date              NAME OF INSTITUTION (FACULTY), City, Province or State  
(Month/Year)                              **Title, Area of Specialty**

### **PROFESSIONAL APPOINTMENTS**

Start Date - End Date              NAME OF INSTITUTION (FACULTY), City, Province or State  
(Month/Year)                              **Title, Area of Specialty**

Start Date - End Date              NAME OF INSTITUTION (FACULTY), City, Province or State  
(Month/Year)                              **Title, Area of Specialty**

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**PRIVATE PRACTICE**

Start Date - End Date                      NAME OF PRACTICE, Address  
City, Province, State

**MEDICAL AND SCIENTIFIC SOCIETIES**

Date                                              NAME OF SOCIETY

Date                                              NAME OF SOCIETY

**COMMITTEE APPOINTMENTS**

Start/End Date                              NAME OF INSTITUTION (FACULTY), City, Province or State  
**Title/Accountability**

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Start/Date                                      NAME OF INSTITUTION (FACULTY), City, Province or State  
**Title/Accountability**

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**POST DOCTORAL CONFERENCES**

Date                                              NAME OF CONFERENCE, City, Province or State

Date                                              NAME OF CONFERENCE, City, Province or State

Date                                              NAME OF CONFERENCE, City, Province or State

**PUBLICATIONS**

Name of Author(s), Article/Title/Topic  
Name of Journal or Publication Article Appeared in, Volume #,  
Month, Year

Name of Author(s), Article/Title/Topic  
Name of Journal or Publication Article Appeared in, Volume #,  
Month, Year

Name of Author(s), Article/Title/Topic  
Name of Journal or Publication Article Appeared in, Volume #,  
Month, Year

**RESEARCH PROJECTS**

قالب پیشنهادی رزومه نامزدهای عضویت در هیات مدیره انجمن علمی  
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در خاتمه فایل در ساختار PDF آماده شود

Name of Project or Title  
Name of Author(s), Date

Name of Project or Title  
Name of Author(s), Date

Name of Project or Title  
Name of Author(s), Date

## **PERSONAL DATA**

DATE OF BIRTH:

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PLACE OF BIRTH

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LANGUAGES

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