**Application for Best Student Paper Awards at ICSHMIM2024**

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| **First author’s name** |  | **Age** |  |
| **Affiliation** |  | | |
| **Address** |  | | |
| **Email** |  | | |
| **Student category** | **□Ph.D. □MS** **□BS** | | |
| **Enrollment year** |  | | |
| **Paper title** |  | | |
| **Abstract ID** |  | | |

Please kindly fill in the application form and send the form with your full paper and verification of student identity via online system before **August 15, 2024**.