EUROPEAN PHARMACOPOEIA COMMISSION secretariaT

**group of experts / WORKING PARTY: …………………**

Delegation: Finland

Information on the nominee:

Title:

First Name:

Last Name:

Which sector does the expert come from?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | NPA |  |  | Licensing authority |  |  | OMCL |
|  | Inspectorate |  |  | University |  |  | Hospital |
|  | Industry |  |  | Other |  |  |  |

Has the proposed expert at his / her disposal the lab facilities necessary to contribute to the work of the Group of Experts / Working Party (in ref. to § 1.2.3 from the Guide for work):

Yes No  Not appl.\*

*\* Not applicable means not requested in the terms of reference and profile for experts of the Group of Experts / Working Party*

If “No”, please indicate why the Ph. Eur. Commission shall consider your application?

**Full company name and company address:**

Tel:

Fax:

E-mail:

**Curriculum vitae attached:** **Yes**  **No**

If No, please indicate why:

**Declaration of interest attached: Yes**  **No**

If No, please indicate why:

**Important remarks: The official languages of the Council of Europe are English and French. Candidates need to be able to interact in one of these two languages.**