



ACADEMY OF MEDICINE, SINGAPORE

**NOMINATION FORM FOR MASTER-ELECT**

Please return the completed form to the Academy of Medicine, Singapore by **Friday, 21 June 2019, 1700 hrs.**  
Please print or type.

<b>CANDIDATE</b> (Must be an Elected Council Member with no arrears as at 21 June 2019)	
Name of Candidate:	MCR No:
	Mobile No:
Signature (indicating consent):	Email Address:
Mailing Address:	
<b>PROPOSER</b> (Must be a current Member with no arrears as at 21 June 2019)	
Name of Proposer:	MCR No:
	Mobile No:
Signature:	Email Address:
<b>SECONDER</b> (Must be a current Member with no arrears as at 21 June 2019)	
Name of Seconder:	MCR No:
	Mobile No:
Signature:	Email Address:

**SCRIBE, ACADEMY OF MEDICINE, SINGAPORE**  
81 Kim Keat Road, #11-00, NKF Centre, Singapore 328836  
Fax: 6593 7880 or email: main@ams.edu.sg

**FORM MUST BE COMPLETED TO BE CONSIDERED.**

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For Official Use

Date and Time Received: \_\_\_\_\_ Received by: \_\_\_\_\_