



COLLEGE OF PAEDIATRICS AND CHILD HEALTH, SINGAPORE

NOMINATION FORM FOR COUNCIL MEMBERS

ONE CANDIDATE PER FORM

Total number of vacancies to be filled is FOUR (4)

CANDIDATE (MUST BE A CURRENT PAID MEMBER WITH NO ARREARS AS AT MONDAY 6 APR 2020)	
Name of Candidate:	MCR No: Mobile No:
Mailing Address:	Email Address:
Signature (indicating consent):	
PROPOSER (MUST BE A CURRENT PAID MEMBER WITH NO ARREARS AS AT MONDAY 6 APR 2020)	
Name of Proposer:	MCR No: Mobile No:
Email Address:	Signature:
SECONDER (MUST BE A CURRENT PAID MEMBER WITH NO ARREARS AS AT MONDAY 6 APR 2020)	
Name of Seconder:	MCR No: Mobile No:
Email Address:	Signature:

**Please return completed nomination form to the College of Paediatrics and Child Health, Singapore by
MONDAY 6 APRIL 2020, 5:00pm sharp**

Mail to: Honorary Secretary, College of Paediatrics and Child Health, Singapore
81 Kim Keat Road, NKF Centre #11-00, Singapore 328836

The candidate, proposer and seconder must be eligible Fellows of the College of Paediatrics and Child Health, Singapore and registered specialists with the Specialist Accreditation Board in the relevant specialty under the College's purview, with no outstanding Membership dues.

For Official Use

Date and Time Received: _____ Received by: _____