



ACADEMY OF MEDICINE
SINGAPORE

NOMINATION FORM FOR MASTER-ELECT

Please return the completed form to the Academy of Medicine, Singapore by
28 September 2021 (Tuesday), 5pm sharp.

Please print or type.

CANDIDATE (Must be an Elected Council Member with no arrears as at <u>28 September 2021</u>)	
Name of Candidate:	MCR No:
	Mobile No:
Signature (indicating consent):	Email Address:
Mailing Address:	
PROPOSER (Must be a current Member with no arrears as at <u>28 September 2021</u>)	
Name of Proposer:	MCR No:
	Mobile No:
Signature:	Email Address:
SECONDER (Must be a current Member with no arrears as at <u>28 September 2021</u>)	
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.

For Official Use

Date and Time Received: _____ Received by: _____