



ACADEMY OF MEDICINE
SINGAPORE

NOMINATION FORM FOR MASTER-ELECT

Please return the completed form to the Academy of Medicine, Singapore by
6 July 2023 (Thursday), 5pm sharp.

Please print or type.

CANDIDATE (Must be an Elected Council Member with no arrears as at <u>6 July 2023</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>6 July 2023</u>)	
Name of Proposer:	MCR No:
	Mobile No:
Signature:	Email Address:
SECONDER (Must be a current Member with no arrears as at <u>6 July 2023</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: _____