



**ACADEMY OF MEDICINE  
SINGAPORE**

**NOMINATION FORM**

**ELECTED COUNCIL MEMBERS (2025-2027)  
ACADEMY OF MEDICINE, SINGAPORE**

*One candidate per form. Please print or type.*

<b>CANDIDATE (Must be a current paid member with no arrears.)</b>	
Name of Candidate:	MCR No:
	Mobile No:
Mailing Address:	Email Address:
Signature ( <i>indicating consent</i> ):	
<b>PROPOSER (Must be a current paid member with no arrears.)</b>	
Name of Proposer:	MCR No:
	Mobile No:
Email Address:	Signature:
<b>SECONDER (Must be a current paid member with no arrears.)</b>	
Name of Secunder:	MCR No:
	Mobile No:
Email Address:	Signature:

**Please return the completed form to the Academy of Medicine, Singapore by  
deadline sharp by email or mail.**

Mail: Academy of Medicine, Singapore  
81 Kim Keat Road, NKF Centre, #11-00, Singapore 328836  
Email: [main@ams.edu.sg](mailto:main@ams.edu.sg)

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

*For Official Use*

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

Received by: \_\_\_\_\_