



College of Physicians, Singapore

Academy of Medicine, Singapore



Academy of Medicine, Singapore

23 February 2015

Fellows
College of Physicians, Singapore

NOMINATIONS FOR ELECTED COUNCIL MEMBERS (2015-2017) COLLEGE OF PHYSICIANS, SINGAPORE

Nominations are now open for **three (3)** elected Council Members.

Below is the list of council members whose terms will expire at the forthcoming annual general meeting of the College:

1. Dr Sum Chee Fang
2. Dr Toh Han Chong

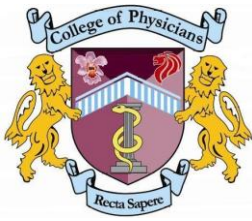
The above members are eligible for nomination to be re-elected as Council Members. In accordance to Article 31 of the Articles of Association of the College, if more nominations than vacancies are received within the prescribed period, a postal ballot will be conducted to elect the new Council Members. Otherwise, those nominated will be declared elected.

Kindly submit your nomination using the enclosed Nomination Form. The completed form should reach the College's office at 81 Kim Keat Road, NKF Centre #12-00, Singapore 328826 by **Monday, 16 March 2015** at **1700 hours** sharp.

We look forward to your participation.

Yours sincerely

Dr Yim Heng Boon
Honorary Secretary
2014-2016 Council



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NOMINATION FORM

ELECTED COUNCIL MEMBERS (2015-2017)

COLLEGE OF PHYSICIANS, SINGAPORE

Number of vacancies to be filled is **three (3)**. One candidate per form.

CANDIDATE (Must be a current paid member with no arrears as at 16 March 2015)	
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 16 March 2015)	
Name of Proposer:	MCR No:
	Mobile No:
Email Address:	Signature:
SECONDER (Must be a current paid member with no arrears as at 16 March 2015)	
Name of Seconder:	MCR No:
	Mobile No:
Email Address:	Signature:

**Please return the completed form to the College of Physicians, Singapore
by Monday, 16 March 2015, 1700 hours sharp.**

Mail to: College of Physicians, Singapore, 81 Kim Keat Road, NKF Centre #12-00, Singapore 328836

ONLY ORIGINAL COMPLETED FORM WILL BE CONSIDERED.

For Official Use

Date and Time Received: _____ Received by: _____