



College of Paediatrics and Child Health, Singapore

NOMINATION FORM FOR COUNCIL MEMBERS (TERM 2017 TO 2019)

(To be returned by Thursday, 9 February 2017 at 6:00 pm sharp)

Total number of vacancies to be filled is three (3).

To: A/Prof Lee Yung Seng
Honorary Secretary
College of Paediatrics & Child Health, Singapore
81 Kim Keat Road, # 11-00, NKF Centre
Singapore 328836

No.	Name of Candidate* (In Block Letters)	Signature of Candidate (Indicating Consent)	Name of Proposer* (In Block Letters)	Signature of Proposer	Name of Seconder* (In Block Letters)	Signature of Seconder
1						
2						
3						

*** Candidate, Proposer and Seconder must be active current paid Fellows of the College of Paediatrics & Child Health, Singapore with no membership arrears as at 9 February 2017 and registered Specialists with the Specialist Accreditation Board in the relevant specialty under the College's purview.**

FORM MUST BE COMPLETED TO BE CONSIDERED.

For Official Use

Date and Time Received: _____ Received by: _____