

PHILIPPINE MEDICAL ASSOCIATION North Avenue, Quezon City

CERTIFICATE OF CANDIDACY

I am a candidate for the position of GOVERNOR Region
for the term 2023 to 2024 in the Philippine Medical Association.
I hereby submit the following personal data to the National COMELEC to show that I am qualified for such a position. Full Name :
I am herewith submitting my Curriculum Vitae in the four (4) copies attached to this certificate, four passport size photographs of myself taken within one calendar year of the date of this document, a photocopy of my valid PRC card, and a Certificate of Membership in Good Standing issued by the component society. **On my honor, I certify that;**
1. I possess the requisite of Good Moral Character befitting my profession and the position I am running for.
2. That I have not been convicted of any criminal offense nor have been penalized with disciplinary action by the PMA or the component society within five (5) years prior to this election.
3. And that I have not had a pending case filed against the PMA or Component Society in any Court of Law or any Quasi-judicial body.
I pledge, to abide by the provisions of the PMA By-Laws as well as the PMA Election Code and submit myself to the authority of the Commission on Elections with regard to my candidacy and to the results of the election.
And finally, I further pledge, if elected, to perform faithfully and to the best of my ability, the duties of the position to which I may be elected.
Submitted on this day of 2022.
Signature

VERIFICATION

I hereby certify under oath that I am the person who signed the Certificate of Candidacy of which this Verification is an integral part and that the information relating to my qualification mentioned in the said Certificate of Candidacy are true and correct of my personal knowledge.

	Witness my hand on this	day of	_ 2021.
in		Philippines.	
		Signature	
_	ablic of the Philippines) ss)		
show	at yn to me his/her Residence Ce	efore me on this day of Philippines, affiant ertificate No on	nt having issued at
	Witness my hand and seal of	on the date and place above menti	oned.
		Notary Public	_
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