

**PHILIPPINE MEDICAL ASSOCIATION
COMMITTEE ON AWARDS
OFFICIAL NOMINATION FORM
INDIVIDUAL AWARDS**

To : The PMA Committee on Awards

From : Name of Component Medical Society/Specialty Division /Subspecialty Society / Affiliate Society _____

Date : _____

We respectfully nominate _____, MD
for the _____ (NAME OF THE AWARD) who is a BONAFIDE
MEMBER in good standing of the society, with no pending criminal case in the court of law and has not
violated the Code of Ethics of the PMA.

(Signature over printed name)
Member - Committee on Awards

(Signature over printed name)
Member - Committee on Awards

(Signature over printed name)
Member - Committee on Awards

(Signature over printed name)
Member - Committee on Awards

(Signature over printed name)
Chair - Committee on Awards

(Signature over printed name)
President - Component/Specialty/Subspecialty/Affiliate Societies