APPENDIX B

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