

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

To : *The PMA Committee on Awards*  
From : *Name of Component Medical Society:* \_\_\_\_\_  
*Name of Specialty Division:* \_\_\_\_\_  
*Name of Subspecialty Society:* \_\_\_\_\_  
*Name of Affiliate Society:* \_\_\_\_\_  
Date : \_\_\_\_\_

We respectfully nominate \_\_\_\_\_, MD  
for the \_\_\_\_\_ (name of the award), who is a  
member in good standing 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