

PSS-ICM PHARMA INDUSTRY PHARMACIST OF THE YEAR AWARD 2020 NOMINATION FORM

Nominee's Details

Full Name of Nominee: _____
Company: _____
Address: _____
Office Tel: _____ Handphone: _____
Email/Fax: _____
Age: _____ Sex: Male/Female* PSS Membership No: _____
Have you been nominated before: Yes/No* *Delete where appropriate

Nominee's CV & Contribution

Please enclose a copy of the Nominee's Curriculum Vitae and give details of his/her contributions to pharmacy practice in the industry. Please be sure to include details on the nominee's professionalism, leadership and outstanding achievements on a separate sheet.

Nominator's & Seconder's Details

Nominator

Name of Nominator: _____ PSS Membership No: _____
Company: _____ Designation: _____
Office Tel: _____ Email/Fax: _____

Seconder

Name of Nominator: _____ PSS Membership No: _____
Company: _____ Designation: _____
Office Tel: _____ Email/Fax: _____

Declarations

Nominator / Seconder

To best of our knowledge, the information contained in this form, and in the enclosed documents, is accurate.

Nominator's Signature

Seconder's Signature

Nominee

The information in this form, and in the enclosed documents, is true to the best of our knowledge. I agree to any publicity which may arise as a result of the nomination.

Nominee's Signature