



# PSS – ICM PHARMA INDUSTRY PHARMACIST OF THE YEAR AWARD 2023 NOMINATION FORM

## (I) Nominee's Particulars

Full Name of Nominee			
Age		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
PSS Membership Number			
Name of Company			
Address of Company			
Office Telephone Number		Handphone Number	
Email address			

Have you been nominated for this award before? :  Yes (State year: \_\_\_\_\_)  No

## (II) Nominee's Curriculum Vitae & Letter of Support

Please enclose a copy of the nominee's Curriculum Vitae and give details of his/her contributions to pharmacy practice in the industry.

## (III) Nominator's & Seconder's Particulars

Nominator's Particulars	Seconder's Particulars
Name of Nominator:	Name of Seconder:
PSS Membership Number:	PSS Membership Number:
Name of Company:	Name of Company:
Designation in Company:	Designation in Company:
Contact Number:	Contact Number:
Email Address:	Email Address:

## (IV) Declarations

### (a) Nominator's & Seconder's Declaration

We declare that, to the best of our knowledge, the information (including enclosed documents) provided for this nomination contained in this form is accurate.

\_\_\_\_\_  
Nominator's Signature & Date

\_\_\_\_\_  
Seconder's Signature & Date

### (b) Nominee's Declaration

I declare that the information (including enclosed documents) provided for this nomination is accurate. I agree to any publicity which may arise as a result of the nomination.

\_\_\_\_\_  
Nominee's Signature & Date