

**TAN SRI AHMAD MUSTAFFA BABJEE AWARD**

**DETAILS OF CANDIDATE**

|  |  |
| --- | --- |
| Name |  |
| NRIC No. |  |
| Citizenship |  |
| MAVMA membership no. |  |
| Home address |  |
| Office address |  |
| Telephone  Office: |  |
| Telephone  Mobile: |  |
| Fax: |  |
| Area of expertise |  |
| Professional qualifications | List |

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**FORM 1**

**DETAILS OF CANDIDATE**

|  |  |
| --- | --- |
| Name |  |
| NRIC No. |  |
| Citizenship |  |
| MAVMA membership no. |  |
| Home address |  |
| Office address |  |
| Telephone  Office: |  |
| Telephone  Mobile: |  |
| Fax: |  |
| Area of expertise |  |
| Professional qualifications | List |

Logo, company name

Description automatically generated

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**FORM 2**

**DETAILS OF PROPOSER**

|  |  |
| --- | --- |
| Name |  |
| NRIC No. |  |
| Citizenship |  |
| MAVMA membership no. |  |
| Home address |  |
| Office address |  |
| Telephone  Office: |  |
| Telephone  Mobile: |  |
| Fax: |  |
| Proposer endorsement | I agree to endorse and support this application.  Signature: |
| Date: |  |

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**FORM 3**

**DETAILS OF SECONDER**

|  |  |
| --- | --- |
| Name |  |
| NRIC No. |  |
| Citizenship |  |
| MAVMA membership no. |  |
| Home address |  |
| Office address |  |
| Telephone  Office: |  |
| Telephone  Mobile: |  |
| Fax: |  |
| Proposer endorsement | I agree to endorse and support this application.  Signature: |
| Date: |  |

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**FORM 4**

**SUPPORTING DETAILS OF CANDIDATE**

Name:

NRIC:

|  |  |
| --- | --- |
| Professional Affiliation | List |
| Contribution to Academia and Veterinary-related Research |  |
| Contribution to Continuing Professional Development |  |
| Contribution and engagement with Government/NGOs for policy/legislation development |  |
| Veterinary Services and Engagement with Society |  |

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**FORM 5**

**REFEREES (Name TWO referees to verify above achievements)**

**REFEREE 1**

|  |  |
| --- | --- |
| Name: |  |
| NRIC: |  |
| Professional Affiliation/ Company/ Institution: |  |
| Contact  Tel:  Mobile:  Fax: |  |
| Professional Qualifications: | List |

**REFEREE 2**

|  |  |
| --- | --- |
| Name: |  |
| NRIC: |  |
| Professional Affiliation/ Company/ Institution: |  |
| Contact  Tel:  Mobile:  Fax: |  |
| Professional Qualifications: | List |

**Logo, company name

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**FORM 6**

**PROBITY DECLARATION BY APPLICANT**

**I DECLARE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION FORM ARE TRUE**

|  |  |
| --- | --- |
| APPLICANT: | (FULL NAME AND SIGNATURE) |
| DATE: |  |