****

**MAVMA LIFETIME ACHIEVEMENT AWARD (MLAA)**

**FORM 1**

**DETAILS OF CANDIDATE**

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

****

**MAVMA LIFETIME ACHIEVEMENT AWARD (MLAA)**

**FORM 2**

**DETAILS OF PROPOSER**

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

****

**MAVMA LIFETIME ACHIEVEMENT AWARD (MLAA)**

**FORM 3**

**DETAILS OF SECONDER**

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

****

**MAVMA LIFETIME ACHIEVEMENT AWARD (MLAA)**

**FORM 4**

**SUPPORTING DETAILS OF CANDIDATE**

Name:

NRIC:

|  |  |
| --- | --- |
| Achievements | Please List |
| Contribution to MAVMA and/or other allied professional bodies |  |
| Contribution to the veterinary industry  |  |
| Contribution to academia and/or veterinary continuing education |  |
| Recognition and contribution to society/community |  |
| Contributions in the national and international arena |  |
| Role model, exemplary leadership and personal qualities |  |

****

**MAVMA LIFETIME ACHIEVEMENT AWARD (MLAA)**

**FORM 5**

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

**REFEREE 1**

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

**REFEREE 2**

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

****

**MAVMA LIFETIME ACHIEVEMENT AWARD (MLAA)**

**FORM 6**

**PROBITY DECLARATION BY APPLICANT**

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

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