NOMINATION FORM

FOR POSTS OF THE EXECUTIVE COMMITTEE OF THE SRI LANKA COLLEGE OF MILITARY MEDICINE-2026/2027

1. Post:
…….....…….
2. Name of the Candidate:
……..…….....
3. Official Address of Candidate:
……...……...……...
……
4. Name of Proposer:
…….……...
5. Official Address of Proposer:
…….……..
……....
6. Signature of Proposer:

……
7. Name of Seconder:
…….……..
8. Official Address of Seconder:
……...……...…….
……
9. Signature of Seconder:

……

Declaration

I
…….....…….
….....(Initial and Surname)
Of
……...……
….....(Address)
Being a member of the SLCOMM, in the event of being elected to the post of
….....(Post applied for) of the SLCOMM, do hereby declare that I am prepared to accept the said post and discharge all duties with efficiency, according to the rules and regulation of the Constitution of the SLCOMM.

Signature : ……..

Date : ……..