



FORM 1A NOMINATION for PAM GOLD MEDAL

(This form is to be completed by the Nominators)

To the PAM Gold Medal Convenor,
We the undersigned Proposer and Seconder, hereby nominates

_____ for the PAM Gold Medal 2025

We confirm that we have read and understood all the Rules for the nomination of the PAM Gold Medal and we also confirm that all the information on this Nomination Form are to the best of our knowledge, true and factual, and that we have not willfully suppressed any material fact/s.

PROPOSER

Proposer Signature: _____

Date: _____

Name of Proposer _____
PAM Membership No _____,
of _____
Name of Firm: _____
Address: _____

Tel : _____

Email : _____

SECONDER

Seconder Signature: _____

Date: _____

Name of Seconder _____
PAM Membership No _____,
of _____
Name of Firm: _____
Address: _____

Tel : _____

Email : _____

FORM 1A
NOMINATION for PAM GOLD MEDAL
(This form is to be completed by the Nominators)

Nominee Name: _____ PAM Membership No: _____

Address: _____

Tel: _____ (O) _____ (M) Email: _____

Education

No	Institution / Qualification	year
1.		
2.		
3.		

Practice / Career History

No	Career	year
1.		
2.		
3.		

Professional Affiliations

No	Professional Bodies / Organisations	year
1.		
2.		
3.		

Social Contributions + Relevant External Affiliations (if any)

No	Organisations	year
1.		
2.		
3.		

FORM 1B
ACCEPTANCE of NOMINATION for PAM GOLD MEDAL
(This form is to be completed by the Nominee)

I, _____, hereby duly accept and give consent to this nomination by the Proposer and Seconder for the PAM Gold Medal.

Signature:

Date:

Name of Nominee _____

PAM Membership No _____ ,

of

Name of Firm: _____

Address: _____

Tel : _____

Email : _____

