



Malaysian Association Of Sports Medicine

(PERSATUAN PERUBATAN SUKAN MALAYSIA) (ROS NO. PPM-005-14-14061973)

c/o Department of Sports Medicine,
Level 5-A, Menara Selatan,
University of Malaya Medical Centre,
59100 Kuala Lumpur, Malaysia.

Email: secretary@malaysiansportsmed.org

Website: www.malaysiansportsmed.org

Executive Council Members 2018 – 2020

President

A/P. Dr. Abdul Halim Mokhtar

Vice Presidents

Dr. Chan Kin Yuen

Dr. Arshad Puji

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Assistant Secretary

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Executive Committee

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Dr. Malini Karupiah

Dr. Nik Haziman Wan Hamat

Udesh Chaskar

Affiliated To



International Federation of
Sports Medicine
www.fims.org



Asian Federation of
Sports Medicine
www.afsmonline.org

Ref No : MASM/2020/S36

Date : 22th Nov 2020

CRITERIA FOR NOMINATION AS FELLOW OF MALAYSIAN ASSOCIATION OF SPORTS MEDICINE (FMASM)

1. Life Member of the Malaysian Association of Sports Medicine (MASM).
2. Achieved a distinguished level of expertise in Sports Medicine or related fields recognized by MASM by virtue of their university qualifications, professional training, postgraduate training, education courses, leadership roles and commitment to the goals and aims of MASM.
3. Made outstanding and meritorious contributions to the field of Sports Medicine or related fields recognized by MASM either nationally and/ or internationally as indicated by:
 - i. Sports medicine or related fields (as recognized by MASM) research projects
 - ii. Publications
 - iii. Consultations (including Working Groups / Technical Committees)
 - iv. Inventions / Innovations / Patens
 - v. Awards
 - vi. Community service
4. Regular contributions to or support the activities of the MASM for at least 10 years.
5. Earn he/ her recognition of his/ her peers as an expert and leader in the field of Sports Medicine or related fields recognized by MASM.

Selection Process for The Fellow in Malaysian Association of Sports Medicine (FMASM):

1. Please prepare: (1) a completed nomination form proposed by one of the MASM life members and seconded by another MASM life or ordinary member; (2) latest Curriculum Vitae (CV); (3) the proof of your highest academic achievement, and (4) your recent passport-sized photo.
2. The soft copy of the nomination form and other documents should be emailed to the secretary@malaysiansportsmed.org cc to alston1121@gmail.com. The hard copy should be posted to the following address:
Malaysian Association of Sports Medicine (MASM)
c/o Department of Sports Medicine
Level 5-A, Menara Selatan,
University Malaya Medical Centre
59100 Kuala Lumpur.
3. All the nominees will be evaluated by the Fellow Subcommittee of Malaysian Association of Sports Medicine, which is comprised of members of the Council: The President, Vice President, Secretary, Treasurer & 1 Ordinary Council Member.
4. The Fellow Subcommittee will make the final recommendation on the fellow nomination to the MASM Council.
5. The decision of the Council is final and irrevocable.
6. MASM Council will announce the successful nominee in the AGM or BGM to get approval from the members that attended the AGM or BGM. If a simple majority vote is acquired during the AGM or BGM, the Fellow of Malaysian of Sports Medicine (FMASM) title will be awarded to the successful nominee in the next MASM's major event e.g. annual conference/ congress/ scientific meeting.

NOMINATION FORM FOR FELLOW OF MALAYSIAN ASSOCIATION OF SPORTS MEDICINE

Please complete this form by typing in capital letters for Personal Information. Additional sheets may be used for other parts if required.

1. PERSONAL INFORMATION

1.	Full Name as per IC/ Passport	
2.	IC/ Passport no.	
3.	Date of birth	
4.	Gender	
5.	Email	
6.	Correspondence address	
7.	Mobile no.	
8.	Nationality	
9.	MASM membership no.	
10.	Year Joined MASM	
11.	Occupation	
12.	Company/ Institution address	
13.	Company/ Institution phone no.	

2. EDUCATION AND PROFESSIONAL QUALIFICATION

No.	Dates (from-to)	Name of Awarding Body/ Institution	Title/ Qualification Awarded

3. OCCUPATION/ PROFESSION

No.	Date (from-to)	Occupation or Position Held	Name & Address of Company/ Institution	Main Activities and Responsibilities

4. AWARD/ RECOGNITION/ INVENTION/ INNOVATION/ PATEN

No.	Date	Award/ Recognition Given/ Invention/ Innovation/ Paten Created	Name of Awarding Body/ Institution

5. CONTRIBUTION TO MASM

(Please list down your contribution to MASM e.g. position hold, event in charge, date or year)

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6. CONTRIBUTION TO SPORTS MEDICINE

(Please list down your contribution in the field of sports medicine or related field recognized by MASM for the community, at national and international level e.g. position hold, event in charge, date or year)

7. PUBLICATION

(Please list down your publications in journal, book, book chapter, social media/ news & etc. Write in sequence the author, title, journal's name, volume, page and year of publication)

8. BIOGRAPHY

(Write in 100 words or less a short biography describing yourself, especially your qualification, profession, work and involvement in sports medicine and related fields recognized by MASM)

9. REASONS TO BE AWARDED

(Describe in 100 words or less why you deserve to be awarded the Fellow of Malaysian Association of Sports Medicine)

DISCLAIMER AND SIGNATURE

I certify that my answers in this application are true and complete to the best of my knowledge. I further understand that any false statements may result in rejection or complete withdrawal of my fellow title.

Full Name: _____ IC No.: _____

Signature: _____ Date: _____

PROPOSER

Full Name: _____

MASM Membership No. _____ IC No.: _____

Signature: _____ Date: _____

SECONDER

Full Name: _____

MASM Membership No. _____ IC No.: _____

Signature: _____ Date: _____