



THE ASSOCIATION OF SURGEONS OF INDIA

NOMINATION FORM

FOR THE.....Oration/Lecture/Award- 2017

I, Dr. Member of the
Association of Surgeons of India, (Membership No.), propose
Dr..... (Membership No.....) for the
..... Oration – 2017 of the ASI.

Signature of the Proposer
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

Signature of the Seconder
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

Mobile No:

E-mail:

Place

Date

Mobile No:

E-mail:

Place

Date

Declaration by the Candidate

I agree to deliver the -----Oration for the year 2016, if
selected at a time and location intimated to me later.

Telephone No:

Mobile No:

E-mail:

Signature
(Name in Capitals)

Place:
Date:

ASI Membership No.....

Full Residential Address:
.....
.....

