



**THE ASSOCIATION OF SURGEONS OF INDIA  
NOMINATION FORM  
FOR ONE POST EACH OF EXECUTIVE COMMITTEE MEMBER FROM  
GUJARAT & WEST BENGAL STATE CHAPTERS 2016 - 2018**

I, Dr..... Member (Membership No. ....) of the Association of Surgeons of India, propose Dr..... (Membership No.....) for the Post of Executive Committee Member from ..... State Chapter of ASI 2016 - 2018.

.....  
Signature of the Proposer  
(With Name in Capitals)

.....  
Signature of the Seconder  
(With Name in Capitals)

ASI Membership No.....  
Full Residential Address:

ASI Membership No.....  
Full Residential Address:

Telephone No:- (     ).....  
Mobile No:  
Email:

Telephone No:- (     ).....  
Mobile No:  
Email:

Place:  
Date:

Place:  
Date:

**Declaration by the Candidate**

ASI Membership No.....  
Period served as EC Member of State Chapter in the past  
Full Residential Address:

Year of Joining ASI.....  
:-

I agree to serve as EXECUTIVE COMMITTEE MEMBER of ASI 2016-2018 if elected.

Signature  
(With Name in Capitals)

Place:  
Date: