



**THE ASSOCIATION OF SURGEONS OF INDIA
NOMINATION FORM
FOR THE POST OF PRESIDENT ASI - 2019**

I, Dr..... Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.....) for the Post of President – 2019 of the ASI.

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

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

ASI Membership No.....
Year of Joining ASI.....
Full Residential Address:

ASI Membership No.....
Year of Joining ASI.....
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 GC Member in the past:-
Full Residential Address:

Year of Joining ASI.....

I agree to serve as President of ASI for the year 2019, if elected.

Signature
(With Name in Capitals)

Place:
Date:

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

Email:

Verified by: