



**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.....  
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 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:  
Verified by:

Email: