



ASI
THE ASSOCIATION OF
SURGEONS OF INDIA

The Association of Surgeons of India
21, Swamy Sivananda Salai, Chepauk
Chennai – 600 005, INDIA

NOMINATION FORM

FOR THE.....Oration/Lecture/Award- 2020

I, Dr. Member of The Association of Surgeons of India, (Membership No.), propose Dr..... (Membership No.....) for theOration - 2020 of the ASI.

Signature of the Proposer
(Name in Capitals)

ASI Membership No. _____

Full Residential Address:

Mobile No.: _____

E-mail: _____

Place: _____

Date: _____

Signature of the Seconder
(Name in Capitals)

ASI Membership No. _____

Full Residential Address:

Mobile No.: _____

E-mail: _____

Place: _____

Date: _____

Declaration by the Candidate

I agree to deliver the _____ Oration for the year 2020, if selected at a time and location intimated to me later.

ASI Membership No.

Telephone No:

Mobile No:

Email Id:

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

Signature

(Name in Capitals)