



THE ASSOCIATION OF SURGEONS OF INDIA

NOMINATION FORM

FOR THE.....Oration/Lecture/Award- 2018

I, Dr. Member of the
Association of Surgeons of India, (Membership No.), propose
Dr..... (Membership No.....) for the
.....Oration – 2018 of the ASI.

Signature of the Proposer
(Name in Capitals)

Signature of the Seconder
(Name in Capitals)

ASI Membership No.....

ASI Membership No.....

Full Residential Address:

Full Residential Address:

Mobile No:

Mobile No:

E-mail:

E-mail:

Place

Place

Date

Date

Declaration by the Candidate

I agree to deliver the -----Oration for the year 2018, 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:
.....
...
.....