



**THE ASSOCIATION OF SURGEONS OF INDIA**

**NOMINATION FORM**

**FOR THE.....Oration/Lecture/Award- 2023**

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

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Oration/Endowment Lecture – 2023 of the ASI.

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Signature of the Proposer  
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

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Signature of the Seconder  
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

Mobile No:  
E-mail:

Place:  
Date:

Mobile No:  
E-mail:

Place:  
Date:

Declaration by the Candidate

I agree to deliver the -----Oration for the year 2023, 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-----  
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