



THE ASSOCIATION OF SURGEONS OF INDIA

NOMINATION FORM

FOR THE.....Oration/Lecture/Award- 2024

I, Dr. Member of the Association of Surgeons of India, (Membership No.....), propose Dr..... (Membership No.....) for the-----
-----Oration / Endowment Lecture – 2024 of the ASI.

Signature of the Proposer
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

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 2024, 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-----