



THE ASSOCIATION OF SURGEONS OF INDIA

NOMINATION FORM FOR THE POST OF VICE PRESIDENT 2024 (PRESIDENT ASI 2025)

I, Dr..... Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.....) **for the Post of Vice President 2024 (President 2025) 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:

Mobile No:.....
Email:

Mobile No:.....
Email:

Place:
Date:

Place:
Date:

Declaration by the Candidate

ASI Membership No :..... Year of Joining ASI.....
Period served as National Executive Committee Member, ASI in the past:-
Full Residential Address:

I agree to serve as Vice President 2024 (President 2025) if elected

Signature
(With Name in Capitals)

Place:
Date:

Mobile No

Email:

Verified by (For office use) :