



**THE ASSOCIATION OF SURGEONS OF INDIA
NOMINATION FORM**

FOR THE POST OF EXECUTIVE COMMITTEE MEMBERS FROM VARIOUS STATE CHAPTERS 2019 - 2021

I, Dr..... Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.....) for the Post of Executive Committee Member fromState Chapter of ASI 2019 - 2021.

.....
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:

Telephone No:- ().....
Mobile No:
Email:

Telephone No:- ().....
Mobile No:
Email:

Place:
Date:

Place:
Date:

Declaration by the Candidate

ASI Membership No.....
Period served as EC Member of State Chapter in the past :-
Full Residential Address:

Year of Joining ASI.....

I agree to serve as EXECUTIVE COMMITTEE MEMBER of ASI 2019-2021

Signature
(With Name in Capitals)

Place:
Date:

Telephone No:- ()..... Mobile No:
Verified by:

Email: