



**THE ASSOCIATION OF SURGEONS OF INDIA
NOMINATION FORM FOR
ONE POST OF EXECUTIVE COMMITTEE MEMBER FROM CHHATTISGARH STATE CHAPTER 2020 - 2021**

I, Dr..... Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.....) for the Post of Executive Committee Member from Chhattisgarh State Chapter of ASI 2020 - 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..... Year of Joining ASI.....
Period served as Executive Committee Member, Chhattisgarh State Chapter, ASI in the past:-
Full Residential Address:

If elected, I agree to serve as EXECUTIVE COMMITTEE MEMBER of ASI 2020-2021

Signature
(With Name in Capitals)
Telephone No:-

Mobile No:

Place:
Date:
Email:

Verified by: (To be completed by Chief Election Officer after scrutinizing the nomination form) :