



**THE ASSOCIATION OF SURGEONS OF INDIA
NOMINATION FORM
FOR THE POST OF PRESIDENT ASI - 2020**

I, Dr..... Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.....) for the Post of President – 2020 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:

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 in the past
Full Residential Address:

Year of Joining ASI.....
:-

I agree to serve as President of ASI for the year 2020, if elected.

Signature
(With Name in Capitals)

Place:
Date:

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

Email: