



**THE ASSOCIATION OF SURGEONS OF INDIA
NOMINATION FORM
FOR THE POST OF VICE PRESIDENT ASI 2020 (PRESIDENT ASI 2021)**

I, Dr..... Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.....) for the Post of Vice President ASI 2020 (President ASI 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 National Executive Committee Member, ASI in the past: :-
Full Residential Address:

If elected, I agree to serve as Vice President ASI 2020 (President ASI 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) :