



**HEAD QUARTER OF THE ASSOCIATION OF SURGEONS OF INDIA
ASI SOCIAL SECURITY SCHEME**

**NOMINATION FORM FOR THE POST OF
CHAIRMAN ASI SSS 2024 - 2026 / SECRETARY ASI SSS 2024 - 2026 /
TREASURER ASI SSS 2024 - 2026 /
EXECUTIVE BOARD MEMBERS ASI SSS 2024 - 2026**

I, Dr.....Member (Membership No.) of the
ASI Social Security Scheme, propose Dr.....(Membership
No.....) for the Post of Chairman ASI SSS 2024 - 2026 / Secretary ASI SSS 2024 - 2026 /
Treasurer ASI SSS 2024 - 2026 / Executive Board Members ASI SSS 2024 - 2026.

.....
Signature of the Proposer
(With Name in Capitals)

.....
Signature of the Seconder
(With Name in Capitals)

ASI SSS Membership No.....
Full Residential Address:

ASI SSS Membership No.....
Full Residential Address:

Mobile No:.....
Email:

Mobile No:.....
Email :

Place:
Date:

Place :
Date :

Declaration by the Candidate

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

I agree to serve as Chairman ASI SSS 2024 - 2026 / Secretary ASI SSS 2024 - 2026 /
Treasurer ASI SSS 2024 - 2026 / Executive Board Members ASI SSS 2024 - 2026, if elected.

Signature
(With Name in Capitals)

Place:
Date:

Mobile No

Email:

Verified by (For office use) :