



THE ASSOCIATION OF SURGEONS OF INDIA

NOMINATION FORM

FOR THE.....Oration/Lecture/Award- 2021

I, Dr. Member of the Association of Surgeons of India, (Membership No.), propose Dr..... (Membership No.....) for the-----

-----Oration/Endowment Lecture – 2021 of the ASI.

Signature of the Proposer
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

Signature of the Seconder
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

Mobile No:
E-mail:

Place:
Date:

Mobile No:
E-mail:

Place:
Date:

Declaration by the Candidate

I agree to deliver the -----Oration for the year 2021, if selected at a time and location intimated to me later.

Telephone No:

Mobile No:

E-mail:

Signature
(Name in Capitals)

Place:
Date:

ASI Membership No.....

Full Residential Address- _____