



**THE ASSOCIATION OF SURGEONS OF INDIA
NOMINATION FORM**

FOR THE.....Oration/Endowment Lecture/Award- 20__

I, Dr. Member of
the Association of Surgeons of India, (Membership No.),
propose Dr.....(Membership No.....)
for theOration – 20__ of the ASI.

Signature of the Proposer

Signature of the Seconder

(Name in Capitals)
ASI Membership No.....

(Name in Capitals)
ASI Membership No.....

Full Residential Address:

Full Residential Address:

Mobile No:

Mobile No:

E-mail:

E-mail:

Place

Place

Date

Date

Declaration by the Candidate

I agree to deliver the-----Oration for the year 20__,
if selected at a time and location intimated to me later.

Telephone No:

Mobile No:

E-mail:

Signature

Place:

(Name in Capitals)

Date:

ASI Membership No.....

Full Residential Address:
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