



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

FOR THE.....Oration/Lecture/Award- 2027

I, Dr. Member of the Association of Surgeons of India, (Membership No.....), propose Dr..... (Membership No.....) for the-----
-----Oration / Endowment Lecture
2027 of the ASI.

Signature of the Proposer
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

Mobile No:

E-mail:

Place

Date

Signature of the Seconder
(Name in Capitals)

ASI Membership No.....

Full Residential Address:

Mobile No:

E-mail:

Place

Date

Previous Oration in ASICON: Name of the Oration: **Year:**

Title of the Oration:

Declaration by the Candidate

I agree to deliver the -----Oration for the year 2027, if selected at a time and location intimated to me later.

Mobile No:

E-mail:

Signature
(Name in Capitals)

Place:
Date:

ASI Membership No.....

Full Residential Address-----