



THE ASSOCIATION OF SURGEONS OF INDIA

NOMINATION FORM FOR THE POST OF VICE PRESIDENT 2023 (PRESIDENT ASI 2024)

I, Dr..... Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.....) for the Post of Vice President 2023 (President 2024) of the ASI.

.....
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 :.....
Period served as EC Member, in the past:-
Full Residential Address:

Year of Joining ASI.....

I agree to serve as **VICE PRESIDENT 2023 (PRESIDENT 2024)**, if elected.

Signature
(With Name in Capitals)

Place:
Date:

Phone. No:- ()..... Mobile No:..... Email: