



**NOMINATION FORM
FOR THE POST OF PRESIDENT – 2011 – A.S.I.**

I, Dr. Member
(Membership No.) of the Association of Surgeons of India, propose
Dr.
(Membership No.) for the post of President – 2011 of the ASI.

Seconded by (Signature)
(With Name in Capitals)

Membership No.
Of The Association of Surgeons of India

Full Residential Address :

Station :
Date :

Signature of the Proposer
(With Name in Capitals)

Membership No.
of The Association of Surgeons of India

Full Residential Address :

Station :
Date :

Declaration by the Candidate

I agree to serve as President of ASI for the year 2011, if elected.

Signature :
(With Name in Capitals)

Membership No.
of The Association of Surgeons of India.

Full Residential Address :

Station :
Date :

Year of Joining ASI :

Tel. No. : Fax : E-mail :