



**NOMINATION FORM
FOR THE POST OF GOVERNING COUNCIL MEMBER
FOR THE YEAR 2010 TO 2012.**

I, Dr. Member
(Membership No.) of the Association of Surgeons of India, propose
Dr.
(Membership No.) for the post of Governing Council Member 2010
to 2012 of the ASI.

Seconded by (Signature)
(With Name in Capitals)

Membership No.
Of The Association of Surgeons of India

Full Residential Address :

Signature of the Proposer
(With Name in Capitals)

Membership No.
of The Association of Surgeons of India

Full Residential Address :

Station :
Date :

Station :
Date :

Declaration by the Candidate

I agree to serve as Governing Council Member of ASI for the year 2010 to 2012, if elected.

Signature :
(With Name in Capitals)

Station :
Date :

Membership No.
of The Association of Surgeons of India.

Year of Joining ASI :

Full Residential Address :

Tel. No. : Fax : E-mail :