MAHARASHTRA STATE CHAPTER , ASSOCIATION OF SURGEONS OF INDIA
(MASI) NOMINATION FORM
FOR THE POST OF SECRETARY MASI , TREASURER MASI ,EXECUTIVE COMMITTEE MEMBERS
MASI 2027-2030

I, ,member(Membership No. FL) of the Association of Surgeons of India, propose_____ (Membership No.FL_____) for the Post Of_____ From_____Region, **Maharashtra** State Chapter of ASI 2027-2030

Signature of the Proposer

ASI Membership No:
Full Residential Address:

Mobile No :
Date:
Email:

Name Of Seconder
Signature of the Seconder

ASI Membership No:
Full Residential Address:

Mobile No :
Date:
Email:

Bank details :
Transaction no :
Bank name :
Branch :

Declaration by the candidate-
ASI MEMBERSHIP NO- FL ____

Year of joining ASI-

Period served:
Full Residential Address:

Mobile No :

Email:

I agree to serve as _____ OF MASI- 2027-2030,If elected.

Signature:

Place:_____