

**MAHARASHTRA STATE CHAPTER, ASSOCIATION OF SURGEONS OF INDIA**

**(MASI) NOMINATION FORM**

**FOR THE POST OF EXECUTIVE COMMITTEE MEMBERS FROM VARIOUS STATE CHAPTERS 2024 - 2027**

I, Dr…………………………………………………………………… Member (Membership No. ………………………) of the Association of Surgeons of India, propose Dr…………………………………………… (Membership No…………………) for the Post of Executive Committee Member from …………………………….State Chapter of ASI 2022 - 2024.

……………………………………………………………. …………………………………………………………….

Signature of the Proposer Signature of the Seconder

(With Name in Capitals) (With Name in Capitals)

ASI Membership No……………… ASI Membership No……………………

Full Residential Address: Full Residential Address:

Telephone No:- ( )……….. Telephone No:- ( )………..

Mobile No: Mobile No:

Email: Email:

Place: Place:

Date: Date:

**Declaration by the Candidate**

ASI Membership No………………… Year of Joining ASI………………………

Period served as EC Member of State Chapter in the past :-

Full Residential Address:

I agree to serve as EXECUTIVE COMMITTEE MEMBER of ASI 2024-2027

Signature Place:

(With Name in Capitals) Date:

Telephone No:- ( )……….. Mobile No: Email:

Verified by (For office use):