



THE ASSOCIATION OF SURGEONS OF INDIA

TAMILNADU STATE CHAPTER

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ORATION PROPOSAL FORM

I, Dr.....Life Member (Membership No.) of the Association of Surgeons of India, propose Dr..... (Membership No.) for the ORATION

Proposed by:
(Signature)
Membership No:
Cell no:
Email:
Address:
Station :
Date :

Seconded by
(Signature)
Membership No:
Cell.no
Email:
Address:
Station :
Date :

I agree to deliver oration, if selected by Executive committee of TNASI

Station :
Date :

Signature:
(With Full Name in Capitals)

Membership No.Year of Joining ASI :.....

Previous Orations delivered 1.Year :
2.Year :
3.Year :

Full Residential Address :

Cell No:

Email: