



THE ASSOCIATION OF SURGEONS OF INDIA
TAMILNADU STATE CHAPTER

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ELECTIONS-2026-2028
NOMINATION FORM

I, Dr.....Member
(Membership No.FL-) of the Association of Surgeons of India, propose
Dr
(Membership No.FL-) for the post of

Proposed by
(Signature)

Membership No:FL-
Address:

Station :

Date :

Seconded by
(Signature)

Membership No:FL-
Address:

Station :

Date :

UPI/NEFT Ref No.Bank.....Date.....
Amount Rs.

I agree to serve as, if elected

Station :

Signature:

Date :

(With Full Name in Capitals)

Membership No.FLYear of Joining ASI :

Previous Post occupied : 1. Period :

2. Period :

3. Period :

Full Residential Address :

Mobile:

E-mail: