



Association of Minimal Access Surgeons of India (AMASI)

(Registration No. 68/2005)

A section of Association of Surgeons of India

Nomination Form

Executive Committee for the year 2020-2022.

I, Dr. Member
(Membership No.) of the Association of Minimal Access Surgeons of India,
propose Dr. (Membership No.
.....) for the post of of the
AMASI.

Seconded by (Signature)
(With name in Capitals)

Signature of the Proposer
(With Name in Capitals)

Membership No.
of The Association of Minimal Access Surgeons of
India, Since (Year).....

Membership No.
of The Association of Minimal Access Surgeons of
India, Since (Year).....

Full Residential Address :

Full Residential Address :

I agree to serve as of AMASI for the year
2020-2022 if elected.

Signature :
(With full name in Capitals)

Station:
Date :

Membership No.
of The Association of Minimal Access Surgeons of
India, Since (Year).....

Previous Post Hold

Full Residential Address :

Tel. No.

Fax.

Email :

Online Money Transfer Ref. No..... (Name of Bank).....

Date.....Amount Rs.....

Head Quarters :

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