



# Association of Minimal Access Surgeons of India (AMASI)

(Registration No. 62/2005)

A section of Association of Surgeons of India

## **Nomination Form**

### **Executive Committee for the year 2018-2020.**

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  
2018-2020 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 :

Demand Draft No.....Issued by (Name of Bank).....Date.....Amount Rs.....

#### **Head Quarters :**

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