



THE ASSOCIATION OF SURGEONS OF INDIA

BIHAR CHAPTER

ASI Bihar Election Nomination Form 2024

We propose **Dr.** _____ ASI Membership no. – **FL** _____

Mobile no. – _____ Email ID – _____

Address – _____

For the Post of _____

(Vice President/ Secretary/ Jt. Secretary/ Treasurer/ E.C. member)

For the Tenure of – **3 years** _____ from the year – **2025 to 2027** _____

Name of Proposer – **Dr.** _____ Name of Seconder – **Dr.** _____

ASI Membership No. – **FL** _____ ASI Membership No. – **FL** _____

Signature – _____ Signature – _____

If elected, I agree to serve as _____

(President/ Secretary/ Jt. Secretary/ Treasurer/ E.C. member)

of ASI Bihar Chapter for the tenure of – **3 year** _____ from year **2025 - 27** _____

Amount deposited – **₹** _____ Name – **Dr.** _____

Bank draft/Cheque no./ Net banking ID _____ ASI No. – **FL** _____

Date:- **.6.2024** _____ Signature – _____

Chapter Office: - IMA BUILDING, South East of Gandhi Maidan, PATNA-800 004

Web site: www.asibiharchapter.org; Email: asibiharchapter@gmail.com