



**NOMINATION FORM**

**ASSI election for year 2020**

**Association of Spine Surgeons of India (ASSI) Election-2020  
Nomination Form  
(Photocopy can also be used)**

Name of the Member: .....  
Post for which contesting : .....  
Membership No. / Year : .....  
Address : .....  
.....  
.....  
Mobile No. : ..... E-mail Address: .....

**Proposed by :**

**Seconded by:**

Name : .....  
Membership No.: .....  
Signature : .....

Name: .....  
Membership No.: .....  
Signature: .....

**Consent of Contestant**

I hereby agree to contest for the post of.....of the ASSI. If elected I will serve the Association to the best of my ability. I shall not use any unfair means for my election.

Date : .....  
Place : .....

**Signature of Contestant**