

NOMINATION FORM

ASSI election for year 2021

**Association of Spine Surgeons of India (ASSI) Election-2021
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 :

Name:

Membership No.:

Membership No.:

Signature :

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