## INDIAN SOCIETY OF ANESTHESIOLOGISTS, DELHI BRANCH

## **NOMINATION FORM – ELECTIONS 2024**

PRESIDENT
VICE-PRESIDENT
I propose the name of DrISA No
for the post ofand partner
DrISA No.
for the post of
Name of the Proposer Dr
ISA No
Mobile No. : E-mail ID:
Signature of the Proposer:
I hereby second the Above nomination
Name of the Seconder
Dr
Mobile No. : E-mail ID :

Signature of the Seconder:

I hereby consent to the above proposal and promise that I shall abide by the rules and regulations of the Indian Society of Anaesthesiologists. I am an Active member of the ISA
since(Year of acquiring membership) foryears. (Total duration of membership till date).
I have attended the following National/Delhi state annual conferences in last five years (Attach copies of Certificate of Attendance)
S. no. Name and city of the conference Year of Attending
OR
I have attended the following monthly clinical meetings in last one year
S. no. Name and city of the conference Year of Attending
I certify that the details provided in the nomination form are true to the best of my knowledge
Name of the
Candidate: ISA No
Post Applied for:.
Mobile No.: E-mail ID:
Postal Address:
Signature: Place: Date.