

ANNEXURE - I

**ASSOCIATION OF SURGEONS OF INDIA  
ODISHA STATE CHAPTER  
NOMINATION FORM FOR ELECTION: 2014-2016**

PROFORMA OF NOMINATION PAPER

1. Name of the Post :
2. Name of the Candidate (in capital) with ASI No. :
3. Name and signature of the proposer with ASI No. :
4. Name and signature of the seconder with ASI No. :
5. Consent of the Nominee with Signature and Date :
6. Details of the Bank Draft :