

**PROPOSAL FORM FOR LIFETIME ACHIEVEMENT AWARD
OF
SURGICAL SOCIETY OF BANGALORE SSBASICC - (R)**

To,

Date: _____ 2022

THE PRESIDENT / HON SECRETARY

SURGICAL SOCIETY OF BANGALORE ASICC

1st Floor, IMA House, Alur Venkatrao Road,

Bangalore-560018

Email: ssbasicc1974@gmail.com,

Phone: +919243108442 (Office Manager)

Dear Sir / Madam,

I am a member of the SSBASICC and I would like to nominate Dr _____ **for LIFETIME ACHIEVEMENT AWARD.** I am attaching a profile of his / her activities for your consideration.

Thanking you.

Yours sincerely

Signature

Name: DR _____

Email:

Mobile Number: _____

Date of Nomination sent: _____

PROPOSED

DR.....

PROFILE (Attached)

Curriculum Vitae of Doctor to be attached along with this; which contains the details as required in the grid for evaluation form.