Nomination Form for the Election of Office Bearers for the Surgical Society of Bangalore - ASICC for the year 2026

To, Date……

The Hon Secretary
Surgical Society of Bangalore ASICC
I.M.A.House
Alur Venkata Rao Road
Bangalore – 560 018

Dear Sir / Madam,

I Dr…… Propose Dr……
(ASI -_____) (ASI -_____)

For the post of

Post	**Number**	**Tick (ONE only)**
President Elect	01	
Honorary Secretary	01	
Honorary Joint Secretary	01	
Honorary Treasurer	01	
Executive Committee (EC)	20	

If the nomination is for EC Member, please write the representing Institute:
(Attach copies of Pancard, Aadhar + Passport Size Photo)

Signature of the Proposer

Dr……
(ASI -_____)

Signature of the Seconded

Dr…….
(ASI -_____)

I Accept the above Nomination

Signature of the Candidate.

Dr……
(ASI -_____)

NOTE:

1. **Must be signed by the candidate, proposer and seconded (Only life members of SSBASICC) with attached copy of SSBASICC identity card of all three. ASI full life membership number of the candidate and the proposer/ seconded must be entered.**
2. **Nomination form Must Reach the Office / Hard Copy in a sealed envelope to the office of SSBASICC before 4-00pm, 18th November 2025, & time and fees to be paid at the time of submitting the form.**

NOMINATION FEES [Nonrefundable]	**AMOUNT**
PRESIDENT ELECT	**INR 5,000/-**
HON SECRETARY	**INR 4,000/-**
HON JT. SECRETARY & HON TREASURER	**INR 3,000/-**

3. **Please submit Nomination form only for one post (More Than one post will be rejected)**
4. **Collect the Acknowledgement.**
5. **Election Officer will scrutinize & Publish the List of candidates**
6. **Please refer to AGM Notice for the Dates.**
7. **Bank Details are as follows:** **SURGICAL SOCIETY OF BANGALORE ASICC**
   Account No. 57035392030
   IFSC Code: SBIN0070242
   STATE BANK OF INDIA – TIPPU SULTAN PALACE ROAD BRANCH, BENGALURU 560018

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