

INDIAN SOCIETY OF ANAESTHESIOLOGISTS FAMILY BENEVOLENT FUND

NOMINATION FORM – 2024

For President / Vice President / Secretary / Joint Secretary / Treasurer ISA FBF

I Propose the name of Dr			
ISA No	and ISA FBF No	of	City
Branch Secretary / Treasurer of the 2024-28.			-
Proposer's Name ISA No Address:	ISA FBF N	Jo	
Mobile No Signature of Proposer	E mail	ID	
Seconder's Name ISA No. Address:	ISA FBF N	Jo	
Mobile No Signature of Seconder		ID	
I give my consent to the ab Indian Society of Anaesthe		•	rules and regulations of the
I am a Life Member of ISA I am a Member of ISA FBF			
Name :			
Phone / Mobile No.:			
Postal Address:			
Email ID:			
Place:	Date:		Signature of the Candidate
	ls of Election Deposit mad Seconder must be active L appear in the v	ife Members of ISA Fl	