



**INDIAN SOCIETY OF ANAESTHESIOLOGISTS
FAMILY BENEVOLENT FUND**

NOMINATION FORM – 2024
For Executive Member ISA FBF

I Propose the name of Dr.....

ISA No.....and ISA FBF No.....of.....City

Branch State Branch as Executive Member of the Indian Society of
Anaesthesiologists Family Benevolent Fund for the Year 2024-28.

Proposer's Name.....

ISA No.ISA FBF No.....

Address:.....

Mobile No.....E mail ID.....

Signature of Proposer.....

Secunder's Name.....

ISA No.ISA FBF No.....

Address:.....

Mobile No.....E mail ID.....

Signature of Secunder.....

I give my consent to the above proposal and promise that I shall abide by the rules and regulations of the
Indian Society of Anaesthesiologists Family Benevolent Fund

I am a Life Member of ISA since for Years.

I am a Member of ISA FBF since for..... Years.

Name :

Phone / Mobile No.:

Postal Address:

Email ID:

Place:

Date:

Signature of the Candidate

Details of Election Deposit made, Self Attested (Attach Proof)

*Candidate, Proposer and Secunder must be active Life Members of ISA FBF and their Name should
appear in the valid voter list*