

Indian Society of Anaesthesiologists



KARNATAKA STATE BRANCH

NOMINATION FORM for Elections

I, _____, ISA membership No. _____

Designation _____, Address _____

Nominate Dr. _____, ISA membership No. _____

Designation _____, Address _____

For the POST of _____

Date:

Place:

(Signature)

I, _____, ISA membership No. _____

Designation _____, Address _____

ACCEPT THE NOMINATION BY Dr. _____, ISA Membership No. _____

For the post of: _____.

Date:

Place:

(Signature)

PS: Both the nominating person and the nominee must be a life member of ISA, Karnataka