



# Association of Minimal Access Surgeons of India (AMASI)

(Registration No. 62/2005)

45-A, AMASI Head Office, Pankaja Mill Road, Ramanathapuram, Coimbatore-641 045

## Nomination Form

Executive Committee Members for the year 2024 TO 2026

**PART 1 – TO BE FILLED IN BY PROPOSER & SECONDER**

I, Dr. .... being the life Member of Association of Minimal Access Surgeons of India (Membership No. ....) , propose Dr. .... (Membership No. ....) for the post of ..... of the AMASI.

.....

Proposed by (Signature)

.....

Seconded by (Signature)

.....

(Name in Capitals)

AMASI membership no.....

Address:

.....  
.....  
.....

.....

(Name in Capitals)

AMASI membership no.....

Address:

.....  
.....  
.....

Mobile: .....

Email: .....

Mobile: .....

Email: .....



# Association of Minimal Access Surgeons of India (AMASI)

(Registration No. 62/2005)

45-A, AMASI Head Office, Pankaja Mill Road, Ramanathapuram, Coimbatore-641 045

## Nomination Form

### Executive Committee Members for the year 2024 TO 2026

#### PART 2 – TO BE FILLED IN BY NOMINEE

1. Have you organized any AMASI events in the previous two years? **Yes/No**

a. If yes, please mention the event(s), date(s), and your role (Organizing Chairman, Secretary, Treasurer, Convenor, or Coordinator)

Event Name	Date	Your Role

2. Have you served as an elected member of any previous Executive Committee (EC) of AMASI? **Yes/No**

a. If yes, please mention the EC year(s) and your post(s) in it

EC year	Your Post

3. Are you a current EC member of any other national Minimal Access Surgery/Laparoscopic Surgery professional association? **Yes/No**

4. Have you organized the annual conference of any other national Minimal Access Surgery/ Laparoscopic Surgery body inr the past 2 years in the capacity of Chairman, President, Co-Chairman, Secretary, Co-Secretary, Treasurer? **Yes/No**

I agree to serve as ..... Of AMASI for the year 2024-2026 if elected. I pledge to abide by the rules and regulations and uphold the constitution of AMASI.

.....

Signature

(Name in Capitals)

.....

AMASI membership no: .....

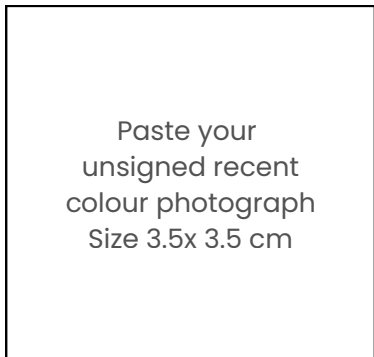
Address .....

.....

Email ID .....

Mobile Number .....

UTR No for online payment of nomination..... Amount ..... Date.....





# Association of Minimal Access Surgeons of India (AMASI)

(Registration No. 62/2005)

45-A, AMASI Head Office, Pankaja Mill Road, Ramanathapuram, Coimbatore-641 045

## Instructions

Each nomination form should be accompanied by the details of the nomination fee(UTR No or Transaction ID) as per the post applied for

The nomination fee should be online payment to the said account.

**Account No 914010042378779**

**Name** ASSOCIATION OF MINIMAL ACCESS SURGEONS OF INDIA

Bank Axis Bank Trichy Road -Coimbatore

**IFSC Code** UTIB0000477

Any nomination paper without the nomination fee will entail rejection.

Post	Nomination Fee
President Elect	Rs. 5,000/-
Senior Vice President	Rs. 3,000/-
Hon. Secretary	Rs. 3,000/-
Joint Secretary.	Rs. 3,000/-
Treasurer	Rs. 3,000/-
Vice President (Zonal)	Rs. 3,000/-
Member, Executive Committee	Rs. 2,000/-