

NOMINATION FORM

I Dr. member of the U.P. Chapter of ASI
propose Dr. for the post of Vice President (elect)
(2021-2022) of U.P. Chapter of ASI.

Seconded by (Signature)..... Proposed by (Signature)
Name..... Name
Membership No..... Membership No.

I Dr. agree to serve as Vice President (elect), (2021-2022)
of U.P. Chapter of ASI during respective year.

Signature..... Name Membership No.

ASI member since

EC member in year

Mailing Address :

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